

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019122

Entity Name: METROPOLITAN ANESTHESIA GROUP, P.L.

Current Principal Place of Business:

1331 NORTH LAWNWOOD CIRCLE
FT. PIERCE, FL 34950

Current Mailing Address:

PO BOX 2474
FT. PIERCE, FL 34954-2474

FEI Number: 20-2421981

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KATTA, JOSEPH JMD
1331 NORTH LAWNWOOD CIRCLE
FORT PIERCE, FL 34950 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|----------------------------|-----------------|----------------------------|
| Title | MGRM | Title | MGRM |
| Name | KATTA, JOSEPH | Name | KORLIPARA, ANJANAYA P |
| Address | 1331 NORTH LAWNWOOD CIRCLE | Address | 1331 NORTH LAWNWOOD CIRCLE |
| City-State-Zip: | FT. PIERCE FL 34950 | City-State-Zip: | FT. PIERCE FL 34950 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANJANAYA PRASAD KORLIPARA

PRESIDENT

01/22/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date