

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000098728

**Entity Name:** ANESTHESIA COMPANY OF AMERICA LLC

**Current Principal Place of Business:**

5700 MIDNIGHT PASS ROAD  
SUITE 4  
SARASOTA, FL 34242

**Current Mailing Address:**

5700 MIDNIGHT PASS ROAD  
SUITE 4  
SARASOTA, FL 34242

**FEI Number:** 61-1539681

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HERMOYIAN, EDWARD J III  
5700 MIDNIGHT PASS ROAD  
SUITE 4  
SARASOTA, FL 34242 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:** EDWARD J HERMOYIAN III

04/17/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name NOBACK, CARL R  
Address 5700 MIDNIGHT PASS ROAD, STE 4  
City-State-Zip: SARASOTA FL 34242

*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:** CARL R. NOBACK

MANAGER

04/17/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date