

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009189

Entity Name: ST. LUCIE ANESTHESIA ASSOCIATES, LLC

Current Principal Place of Business:

1800 SE TIFFANY AVENUE
PORT ST. LUCIE, FL 34958

Current Mailing Address:

P.O. BOX 95
JENSEN BEACH, FL 34958

FEI Number: 26-1822664

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRISPIN, JULIE
30 EAST HIGH POINT ROAD
STUART, FL 34996 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	CRISPIN, JULIE	Name	DRABIN, STEPHANIE
Address	30 EAST HIGH POINT ROAD	Address	1600 NW FORK RD
City-State-Zip:	STUART FL 34996	City-State-Zip:	STUART FL 34994

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIE D CRISPIN

MANAGING MEEBER

02/05/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date