

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000093684

**Entity Name:** VOICE OF ANESTHESIA, LLC

**Current Principal Place of Business:**

3800 N OCEAN DR  
1800  
SINGER ISLAND, FL 33404

**Current Mailing Address:**

31 HIGH ST  
GENEVA, NY 14456

**FEI Number:** 26-4100710

**Certificate of Status Desired:** No

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

LEE, SIMON  
3800 N OCEAN DR  
1800  
SINGER ISLAND, FL 33404 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  
Name LEE, SIMON  
Address 3800 N OCEAN DR, UNIT 1800  
City-State-Zip: SINGER ISLAND FL 33404

*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:** SIMON LEE

**OWNER**

**04/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date