

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000046071

Entity Name: SANTA FE ANESTHESIA MANAGMENT, LLC

Current Principal Place of Business:

206 CANOVA DR.
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

206 CANOVA DR.
NEW SMYRNA BEACH, FL 32169

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KASTNER, NANCY K
206 CANOVA DR
NEW SMYRNA BEACH, FL 32169 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	MGR	Title	MGR
Name	KASTNER, NANCY K	Name	SAPP, D. JEFF
Address	206 CANOVA DR	Address	2912 CARL TERRACE
City-State-Zip:	NEW SMYRNA BEACH FL 32169	City-State-Zip:	ORLANDO FL 32804

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: NANCY K KASTNER

ADMINISTRATOR

04/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date