

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000061661

**FILED
Apr 17, 2013
Secretary of State
CC1845338998**

Entity Name: GULFCOAST ANESTHESIA PARTNERS DIVISION, LLC

Current Principal Place of Business:

1901 ULMERTON ROAD
SUITE 450
CLEARWATER, FL 33762

Current Mailing Address:

1901 ULMERTON ROAD
SUITE 450
CLEARWATER, FL 33762

FEI Number: 27-3182706

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AEBEL, ERIN S
101 E. KENNEDY BLVD.
SUITE 2800
TAMPA, FL 33602 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
Name VALENTINE, DWIGHT
Address 1901 ULMERTON ROAD, SUITE 450
City-State-Zip: CLEARWATER FL 33762

Title MGR
Name KNOX, PAUL DR.
Address 1901 ULMERTON ROAD
SUITE 450
City-State-Zip: CLEARWATER FL 33762

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: DWIGHT VALENTINE

MGR

04/17/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date