

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000108359

Entity Name: STONYBROOK ANESTHESIA, LLC

Current Principal Place of Business:

145 WASHINGTON ST
ST AUGUSTINE, FL 32084

Current Mailing Address:

145 WASHINGTON ST
ST AUGUSTINE, FL 32084 US

FEI Number: 27-3694756

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCLAIN, ROSALIE J
145 WASHINGTON ST
ST AUGUSTINE, FL 32084 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 MCCLAIN, ROSALIE J
Address 145 WASHINGTON ST
City-State-Zip: ST AUGUSTINE FL 32084

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: ROSALIE MCCLAIN

MANAGER

02/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date