

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000009035

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC7874057844**

**Entity Name:** PASADENA ANESTHESIA ASSOCIATES LLC

**Current Principal Place of Business:**

1609 SOUTH PASADENA AVENUE, SUITE 3M  
ST. PETERSBURG, FL 33707

**Current Mailing Address:**

201 MONTGOMERY AVENUE  
SARASOTA, FL 34243

**FEI Number:** 36-4718972

**Certificate of Status Desired:** Yes

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

SCHEINERT, SHELDON DR.  
1609 PASADENA AVE S  
SUITE 3M  
SOUTH PASADENA, FL 33707 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:** SHELDON SCHEINERT MD

01/09/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BONTEMPS, ERNST MD  
Address 201 MONTGOMERY AVE.  
City-State-Zip: SARASOTA FL 34243

Title MGRM  
Name FUOCO, GLENN SDO  
Address 201 MONTGOMERY AVE.  
City-State-Zip: SARASOTA FL 34243

Title MGRM  
Name SCHEINERT, SHELDON LMD  
Address 201 MONTGOMERY AVE.  
City-State-Zip: SARASOTA FL 34243

Title MGRM  
Name SMITH, MICHAEL JMD  
Address 201 MONTGOMERY AVE.  
City-State-Zip: SARASOTA FL 34243

Title MGRM  
Name WHARTON, JR., ROBERT HMD  
Address 201 MONTGOMERY AVE.  
City-State-Zip: SARASOTA FL 34243

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

**SIGNATURE:** GLENN FUOCO MD

MGRM

01/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date