

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000009035

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: No

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

04/29/2013

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

SIGNATURE: SHELDON SCHEINERT MD

MANAGING MEMBER

04/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date