2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2014
Secretary of State
CC5205373273

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Entity Name: ALL SERVICES ANESTHESIA, LLC

Current Principal Place of Business:

9887 4TH STREET NORTH
SUITE 234
ST. PETERSBURG, FL 33702

Current Mailing Address:

9887 4TH STREET NORTH
SUITE 234
ST. PETERSBURG, FL 33702

FEI Number: 45-1659265

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CFRA, LLC
100 S ASHLEY DRIVE
SUITE 400
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: RADHA BACHMAN 04/15/2014

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	ADVANCED ANESTHESIA ASSOCIATES
Address	9887 4TH STREET NORTH, SUITE 234
City-State-Zip:	SAINT PETERSBURG FL 33702

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: SEAN SINGH 04/15/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date