2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: MOBILE ANESTHESIOLOGISTS OF FLORIDA, LLC

Current Principal Place of Business:

1007 TIVOLI DRIVE
NAPLES, FL 34104

Current Mailing Address:

8420 W. BRYN MAWR AVE
SUITE 300
CHICAGO, IL 60631 US

FEI Number: 45-1256256

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARLICK, THOMAS BESQ
9115 CORSEA DEL FONTANA WAY
SUITE 100
NAPLES, FL 34109 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	MGRM
Name	MOBILE ANESTHESIOLOGISTS OF FLORIDA INC.
Address	1007 TIVOLI DRIVE
City-State-Zip:	NAPLES FL 34104

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: JOSH GANTZ CFO 01/09/2014

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