

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000047463

**Entity Name:** PELICAN ANESTHESIA, LLC

**Current Principal Place of Business:**

3421 SW 107 AVENUE  
MIAMI, FL 33165

**Current Mailing Address:**

3421 SW 107 AVENUE  
MIAMI, FL 33165 US

**FEI Number:** 65-0491008

**Certificate of Status Desired:** No

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

SMITH, JOSE E  
2103 CORAL WAY  
SUITE 305  
MIAMI, FL 33145 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:** JOSE E SMITH

04/26/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GASTROMED LLC  
Address 3421 SW 107 AVENUE  
City-State-Zip: MIAMI FL 33165

*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:** JAVIER SOBRADO

P

04/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date