

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061429

FILED
Jan 16, 2009
Secretary of State

Entity Name: FLORIDA GULF-TO-BAY ANESTHESIOLOGY PAIN, LLC

Current Principal Place of Business:

2 COLUMBIA DRIVE
SUITE A327
TAMPA, FL 33606

New Principal Place of Business:

1 TAMPA GENERAL CIRCLE
SUITE A327
TAMPA, FL 33606

Current Mailing Address:

2 COLUMBIA DRIVE
SUITE A327
TAMPA, FL 33606

New Mailing Address:

1 TAMPA GENERAL CIRCLE
SUITE A327
TAMPA, FL 33606

FEI Number: 75-3243634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANGAR, DEVANAND P
2 COLUMBI DRIVE
SUITE A327
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

MANGAR, DEVANAND
1 TAMPA GENERAL CIRCLE
SUITE A327
TAMPA, FL 33606 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: DEVANAND MANGAR

01/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MANGAR, DEVANAND P
Address: 2 COLUMBIA DRIVE, SUITE A327
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MANGAR, DEVANAND
Address: 1 TAMPA GENERAL CIRCLE, SUITE A327
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: DEVANAND MANGAR

MGR

01/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date