

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 AUG 28 AM 10:35

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # L07000066672					
1. Entity Name ANESTHESIA PROFESSIONAL SERVICES OF NEW TAMPA, LLC					
Principal Place of Business 5501 WEST GRAY STREET TAMPA, FL 33609			Mailing Address 5501 WEST GRAY STREET TAMPA, FL 33609		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number Applied For	
				Applied For	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>[Signature]</u> (NOTE: Registered Agent signature required when re-appointing) DATE					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEO Dr. Rodolfo Garza 5501 W. Gray St. Tampa, FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	800135372488 09/04/08--01036--006 **138.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	President & COO Mike Doyle 5501 W. Gray St. Tampa, FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEO Rick DeFalco 5501 W. Gray St. Tampa, FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					