

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066672

FILED
Apr 30, 2009
Secretary of State

Entity Name: ANESTHESIA PROFESSIONAL SERVICES OF NEW TAMPA, LLC

Current Principal Place of Business:

5501 WEST GRAY STREET
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

5501 WEST GRAY STREET
TAMPA, FL 33609

New Mailing Address:

FEI Number: 26-0428895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: GARI, RODOLFO
Address: 5501 WEST GRAY STREET
City-St-Zip: TAMPA, FL 33609

Title: PCOO () Delete
Name: DOYLE, MIKE
Address: 5501 WEST GRAY STREET
City-St-Zip: TAMPA, FL 33609

Title: CFO (X) Delete
Name: DEFALCO, RICK
Address: 5501 WEST GRAY STREET
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MIKE DOYLE

PCOO

04/30/2009

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