

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010513

FILED
Feb 17, 2004
Secretary of State

Entity Name: TRICOUNTY ANESTHESIA, LLC

Current Principal Place of Business:

210 SOUTH PARK
#102
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 521150
LONGWOOD, FL 327521150

New Mailing Address:

FEI Number: 52-2328490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEATHERFORD, WILLIAM P JR..
1150 LOUISIANA AVE, SUITE 4
WINTER PARK, FL 32789 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/MEMBERS:

Title: MGRM () Delete
Name: TRICOUNTY ANESTHESIA, MANAGEMENT, L L C
Address: 210 SOUTH PARK
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TRICOUNTY ANESTHESIA MANAGEMENT, LLC

MGRM

02/17/2004

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