

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012198

FILED  
Apr 05, 2005  
Secretary of State

**Entity Name:** TRICOUNTY ANESTHESIA-EUSTIS CHARTERED

**Current Principal Place of Business:**

210 SOUTH PARK  
#102  
SANFORD, FL 32771

**New Principal Place of Business:**

210 SOUTH PARK AVE.  
#102  
SANFORD, FL 32771

**Current Mailing Address:**

POST OFFICE BOX 521150  
LONGWOOD, FL 327521150

**New Mailing Address:**

POST OFFICE BOX 1714  
SANFORD, FL 32772

**FEI Number:** 52-2332999

**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 32750 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, , LLC  
Address: 210 SOUTH PARK #102  
City-St-Zip: SANFORD, FL 32771

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ESPINOLA, ARTURO  
Address: 210 SOUTH PARK AVE., #102  
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Change (X) Addition  
Name: BINFORD, MICHAEL  
Address: 210 SOUTH PARK AVE., #102  
City-St-Zip: SANFORD, FL 32771

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: ARTURO ESPINOLA

MGRM

04/05/2005

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