

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012198

FILED
May 05, 2006
Secretary of State

Entity Name: TRICOUNTY ANESTHESIA-EUSTIS CHARTERED

Current Principal Place of Business:

210 SOUTH PARK AVE.
#102
SANFORD, FL 32771

New Principal Place of Business:

PO BOX 953157
LAKE MARY, FL 32795

Current Mailing Address:

POST OFFICE BOX 1714
SANFORD, FL 32772

New Mailing Address:

PO BOX 953157
LAKE MARY, FL 32795

FEI Number: 52-2332999 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WEATHERFORD, WILLIAM P JR.
1150 LOUISIANA AVE.
SUITE 4
WINTER PARK, FL 32750 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ESPINOLA, ARTURO
Address: PO BOX 953157
City-St-Zip: LAKE MARY, FL 32795 US

Title: MGRM (X) Change () Addition
Name: BINFORD, MICHAEL
Address: PO BOX 953157
City-St-Zip: LAKE MARY, FL 32795 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ARTURO ESPINOLA

MD

05/05/2006

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