


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L01000012198 1. Entity Name TRICOUNTY ANESTHESIA-EUSTIS CHARTERED |  |
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|---|---|
| Principal Place of Business PO BOX 953157 LAKE MARY, FL 32795 | Mailing Address PO BOX 953157 LAKE MARY, FL 32795 |
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DO NOT WRITE IN THIS SPACE



04242007 No Chg-LLC

CR2E083 (11/05)

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|---|-----------------------------------|
| 4. FEI Number 52-2332999 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
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| 6. Name and Address of Current Registered Agent WEATHERFORD, WILLIAM P JR. 1150 LOUISIANA AVE. SUITE 4 WINTER PARK, FL 32750 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee Is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ESPINOLA, ARTURO PO BOX 953157 LAKE MARY, FL 32795 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BINFORD, MICHAEL PO BOX 953157 LAKE MARY, FL 32795 |
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05/10/07-80005-004 50.00

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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: Arturo Espinola MD **4-22-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #