

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012409

FILED
Feb 17, 2004
Secretary of State

Entity Name: TRICOUNTY ANESTHESIA MANAGMENT, 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: 52-2334447

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: MGR () Delete
Name: BINFORD, MICHAEL A M.D.
Address: 250 COUNTY ROAD 427, SUITE 114
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM () Delete
Name: ESPINOLA, ARTURO M.D.
Address: 250 COUNTY ROAD 427, SUITE 114
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BINFORD, MICHAEL A M.D.
Address: 250 COUNTY ROAD 427, SUITE 114
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM (X) Change () Addition
Name: ESPINOLA, ARTURO F M.D.
Address: 250 COUNTY ROAD 427, SUITE 114
City-St-Zip: LONGWOOD, FL 32750

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 F ESPINOLA, MD

MGRM

02/17/2004

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