

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL 21 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000012409	
1. Entity Name TRICOUNTY ANESTHESIA MANAGEMENT, LLC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 210 South Park		3. Mailing Address 210 South Park	
Suite, Apt. #, etc. 102		Suite, Apt. #, etc. 102	
City & State Sanford, Florida		City & State Sanford, Florida	
Zip 32771	Country USA	Zip 32771	Country USA

DO NOT WRITE IN THIS SPACE

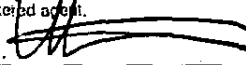
4. FEI Number 52-2334447	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name William P. Weatherford, Jr.
Street Address (P.O. Box Number is Not Acceptable) 1150 Louisiana Avenue, Suite 4
City Winter Park FL Zip Code 32789

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 
Signature, typed or printed name of registered agent and fee if applicable7/18/03
DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Arturo Espinola, M.D. 210 South Park, Suite 102 Sanford, Florida 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Michael A. Binford, M.D. 210 South Park, Suite 102 Sanford, Florida 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify 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 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 606, Florida Statutes.

SIGNATURE:



6/26/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #