7/7/2003-90074-009-$50.00-$50.00

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		3. Mailing Address	
210 South Park		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

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

DO NOT WRITE IN THIS SPACE

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] 7/18/03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR
NAME	Arturo Espinola, M.D.
STREET ADDRESS	210 South Park, Suite 102
CITY-ST-ZIP	Sanford, Florida 32771
TITLE	MGR
NAME	Michael A. Binford, M.D.
STREET ADDRESS	210 South Park, Suite 102
CITY-ST-ZIP	Sanford, Florida 32771
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 608, Florida Statutes.

SIGNATURE: Arturo F. Espinola MD 6/26/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #