7/7/2003-90074-006-$50.00-$50.00

FILED
03 JUL 21 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019662

1. Entity Name

TRICOUNTY ANESTHESIA-VOLUSIA CHARTERED

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 26-0006811 ☐ 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] DATE: 7/18/03
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS / MANAGERS

TITLE: MGR NAME: TriCounty Anesthesia Management, LLC STREET ADDRESS: 201 South Park, Suite 102 CITY-ST-ZIP: 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 608, Florida Statutes.

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