

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000010880

1. Entity Name
SOUTH-EAST ANESTHESIA MANAGEMENT, LLC



FILED

05 APR 19 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1213-B TMH COURT
TALLAHASSEE, FL 32308

Mailing Address
1213-B TMH COURT
TALLAHASSEE, FL 32308



2. Principal Place of Business

3. Mailing Address

04152005 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

01-0731003

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LAGER, THOMAS W ESQ.
2900 EAST PARK AVE.
SUITE B
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name Donald L. Bell Esq.

Street Address (P.O. Box Number is Not Acceptable)
1016 Shalimar Dr.

City Tallahassee

FL

Zip Code 32312

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

Donald L. Bell

4-19-05

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME PESCE, MICHAEL M.D.
STREET ADDRESS 1213-B TMH COURT
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE MGR ☐ Delete
NAME HASS, WILLIAM H M.D.
STREET ADDRESS 1213-B TMH COURT
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE MGR ☐ Delete
NAME GARNER, RANDY
STREET ADDRESS 1213-B TMH COURT
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE MGR ☐ Delete
NAME HORD, DONNELL
STREET ADDRESS 1213-B TMH COURT
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

4/15/05

850/671-4600