

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010880

FILED
May 02, 2006
Secretary of State

Entity Name: SOUTH-EAST ANESTHESIA MANAGEMENT, LLC

Current Principal Place of Business:

1213-B TMH COURT
TALLAHASSEE, FL 32308

New Principal Place of Business:

1208 BROCKWOOD
TALLAHASSEE, FL 32308

Current Mailing Address:

1213-B TMH COURT
TALLAHASSEE, FL 32308

New Mailing Address:

1208 BROCKWOOD
TALLAHASSEE, FL 32308

FEI Number: 01-0731003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BELL, DONALD C ESQ.
1016 SHALIMAR DR.
TALLAHASSEE, FL 32312 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/MANAGERS:

Title: MGR () Delete
Name: PESCE, MICHAEL M.D.
Address: 1213-B TMH COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR () Delete
Name: HASS, WILLIAM H M.D.
Address: 1213-B TMH COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR () Delete
Name: GARNER, RANDY
Address: 1213-B TMH COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR () Delete
Name: HORD, DONNELL
Address: 1213-B TMH COURT
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PESCE, MICHAEL M.D.
Address: 1208 BROCKWOOD
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR (X) Change () Addition
Name: HASS, WILLIAM H M.D.
Address: 1208 BROCKWOOD
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR (X) Change () Addition
Name: GARNER, RANDY
Address: 1208 BROCKWOOD
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR (X) Change () Addition
Name: HORD, DONNELL
Address: 1208 BROCKWOOD
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DONNELL HORD

MGR

05/02/2006

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