


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90411 023 ****50.00

DOCUMENT # L02000027895 1. Entity Name BAYCARE ANESTHESIA ASSOCIATES, LLC					
Principal Place of Business 7050 GALL BLVD OR SUITE ZEPHYRHILLS, FL 33541			Mailing Address P.O. BOX 13951 TAMPA, FL 33681		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BELLINO, PAULA M 12016 WANDSWORTH DRIVE TAMPA, FL 33626				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERN, DEDRA 3116 W. HARBORVIEW DR. TAMPA, FL 33611		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELLINO, PAULA M 12016 WANDSWORTH DR. TAMPA, FL 33626		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Paula Bellino</i> Paula Bellino			4/12/04 813-817-0317 Date Daytime Phone #		