

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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 1204
OLDSMAR, FL 34677**



01162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0750405

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BELLINO, PAULA M
12016 WANDSWORTH DRIVE
TAMPA, FL 33626**

**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, 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, 2006**

**U00000399215
01/31/06-80030-021 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BELLINO, PAULA M
12016 WANDSWORTH DR.
TAMPA, FL 33626**

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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Paula Bellino
Paula Bellino

1/19/06

Date

**8/3-
263-2911**

Daytime Phone #