

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 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
DO NOT WRITE IN THIS SPACE		
		01112007 No Chg-LLC CR2E083 (11/05)
4. FEI Number 01-0750405		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____		
Filing Fee is \$50.00 Due by May 1, 2007		
UD00000593295 01/22/07-80026-005 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELLINO, PAULA M 12016 WANDSWORTH DR. TAMPA, FL 33626	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  Paula Bellino		813- 817-0317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date: 1-16-07 Daytime Phone #