

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000027895

**FILED**  
**Jan 19, 2009**  
**Secretary of State**

**Entity Name:** BAYCARE ANESTHESIA ASSOCIATES, LLC

**Current Principal Place of Business:**

7050 GALL BLVD  
OR SUITE  
ZEPHYRHILLS, FL 33541

**New Principal Place of Business:**

12016 WANDSWORTH DRIVE  
TAMPA, FL 33626

**Current Mailing Address:**

P.O. BOX 1204  
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number:** 01-0750405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BELLINO, PAULA M  
12016 WANDSWORTH DRIVE  
TAMPA, FL 33626 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: MGRM ( ) Delete  
Name: BELLINO, PAULA M  
Address: 12016 WANDSWORTH DR.  
City-St-Zip: TAMPA, FL 33626

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PAULA BELLINO

MGRM

01/19/2009

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