

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 05, 2005 8:00 am
Secretary of State

07-14-2005 90018 022 ****52.50

DOCUMENT # L02000034992

1. Entity Name
EINBECKER ANESTHETISTS, LLC



Principal Place of Business
**2820 ANDERSON DR.
CLEARWATER, FL 33761**

Mailing Address
**2820 ANDERSON DR. NORTH
CLEARWATER, FL 33761**

30010401



07062005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4234505

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EINBECKER, SHELLEY A
2820 ANDERSON DR. NORTH
CLEARWATER, FL 33761**

**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

Shelley Einbecker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-1-05

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
EINBECKER, SHELLEY A
2820 ANDERSON DR. N
CLEARWATER, FL 33761**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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NAME
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CITY- ST- ZIP

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IN THIS SPACE**

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:

Shelley Einbecker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8-1-05

Date

727-669-9479

Daytime Phone #