# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 07, 2008 8:00 am**
**Secretary of State**
02-06-2008 90121 007 ***138.75

DOCUMENT # L02000034992

1. Entity Name
EINBECKER ANESTHETISTS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 2820 ANDERSON DR.<br>CLEARWATER, FL 33761 | 2820 ANDERSON DR. NORTH<br>CLEARWATER, FL 33761 |

30001444

01282008 No Chg-LLC CR2E083 (12/07)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGR |
| NAME | EINBECKER, SHELLEY A |
| STREET ADDRESS | 2820 ANDERSON DR. N |
| CITY-ST-ZIP | CLEARWATER, FL 33761 |
| TITLE | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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:** Shelley Einbecker 3-3-08 727-669-9419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #