2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# L02000034992

Entity Name: EINBECKER ANESTHETISTS, LLC

Current Principal Place of Business:

2820 ANDERSON DR.
CLEARWATER, FL 33761

New Principal Place of Business:

2820 ANDERSON DR. NORTH
CLEARWATER, FL 33761

Current Mailing Address:

2820 ANDERSON DR. NORTH
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 13-4234505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EINBECKER, SHELLEY A
2820 ANDERSON DR. NORTH
CLEARWATER, FL 33761 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: MGR ( ) Delete
Name: EINBECKER, SHELLEY A
Address: 2820 ANDERSON DR. N
City-St-Zip: CLEARWATER, FL 33761

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: SHELLEY A. EINBECKER MGR 01/27/2009

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