2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90305 039 ***138.75

600253338

03032008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000015665

1. Entity Name
ASSOCIATES OF ANESTHESIOLOGY, LLC

Principal Place of Business	Mailing Address
~~4178 NORTH ARMENIA AVENUE~~ ~~TAMPA, FL 33607~~	~~4178 NORTH ARMENIA AVENUE~~ ~~TAMPA, FL 33607~~
2. Principal Place of Business - No P.O. Box # Brandon Ambulatory [redacted] Surgery Center	3. Mailing Address 12900 Cortez Blvd
Suite, Apt. #, etc. 514 Eichenfeld Dr	Suite, Apt. #, etc. 104
City & State Brandon Fl	City & State Brooksville Fl
Zip 33511 Country USA	Zip 34613 Country USA

4. FEI Number APPLIED FOR 200156650 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JENKINS, ANDREW T
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name: M. Allam Reheem, M.D.
Street Address (P.O. Box Number is Not Acceptable): 12900 Cortez Blvd., Suite [redacted] 104
City: Brooksville FL Zip Code: 34613

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 [signature] 4/8/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGR~~ ~~BARSA, JOHN E~~ ~~4178 NORTH ARMENIA AVENUE~~ ~~TAMPA FL 33607~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM M. Allam Reheem, M.D. 12900 Cortez Blvd., Suite [redacted] 104 Brooksville, Florida 34613	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] M. Allam Reheem, M.D. 4/8/08 3525362233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #