

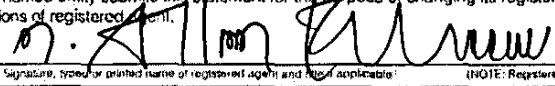
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90305 039 ***138.75

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DOCUMENT # L04000015665			
1. Entity Name ASSOCIATES OF ANESTHESIOLOGY, LLC			
Principal Place of Business 4178 NORTH ARMENIA AVENUE TAMPA, FL 33607		Mailing Address 4178 NORTH ARMENIA AVENUE TAMPA, FL 33607	
2. Principal Place of Business - No P.O. Box # Brandon Ambulatory		3. Mailing Address 12900 Cortez Blvd	
Suite, Apt. #, etc. 514 Elchenfeld 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 200150650		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 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  DATE 4/8/08 (NOTE: Registered Agent signature required when renaming)			
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 MOR BARSA, JOHNE 4178 NORTH ARMENIA AVENUE TAMPA FL 33607	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MCRM M. Allam Reheem, M.D. 12900 Cortez Blvd Suite 104 Brooksville, Florida 34613	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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  M. Allam Reheem, M.D.		Date 4/8/08 3525362233	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	