

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045596

FILED
Feb 11, 2008
Secretary of State

Entity Name: TRANQUILITY ANESTHESIA, PLC

Current Principal Place of Business:

15303-A AMBERLY DRIVE
TAMPA, FL 33647

New Principal Place of Business:

15303-A AMBERLY DR
TAMPA, FL 33647

Current Mailing Address:

15303-A AMBERLY DR
TAMPA, FL 33647

New Mailing Address:

P. O. BOX 20771
TAMPA, FL 33622

FEI Number: 20-1272590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ESCHER, ALLAN R JR, DO
29635 EAGLE STATION DRIVE
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

ESCHER, ALLAN R JR, DO
21035 LAKE VIENNA DRIVE
LAND O LAKES, FL, FL 34638 US

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:

02/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ESCHER, ALLAN R JR, DO
Address: 29635 EAGLE STATION DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: MGRM () Delete
Name: RAMIREZ-PAGAN, EDGAR D MD
Address: 4916 S MELROSE AVE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ESCHER, ALLAN R JR, DO
Address: 21035 LAKE VIENNA DR
City-St-Zip: LAND O LAKES, FL 34638

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: ALLAN R. ESCHER, JR. DO

MGRM

02/11/2008

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