

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045596

FILED  
Jan 17, 2009  
Secretary of State

**Entity Name:** TRANQUILITY ANESTHESIA, PLC

**Current Principal Place of Business:**

15303-A AMBERLY DR  
TAMPA, FL 33647

**New Principal Place of Business:**

12902 MAGNOLIA DRIVE  
DEPT OF ANESTHESIA  
TAMPA, FL 33612

**Current Mailing Address:**

P. O. BOX 20771  
TAMPA, FL 33622

**New Mailing Address:**

FEI Number: 20-1272590

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ESCHER, ALLAN R JR, DO  
21035 LAKE VIENNA DRIVE  
LAND O LAKES, 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:

01/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**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: ALLAN ESCHER

MGRM

01/17/2009

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