


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # L05000023720 1. Entity Name TBEC ANESTHESIA SERVICES, LLC	
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Principal Place of Business 4620 N. HABANA AVE., SUITE 201 TAMPA, FL 33614	Mailing Address 4620 N. HABANA AVE., SUITE 201 TAMPA, FL 33614
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04272007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2250980	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent AYLWARD, ROBERT E 600 SOUTH MAGNOLIA AVE., SUITE 100 TAMPA, FL 33606
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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHIRCOP, COLIN T DO 4620 N HABANA AVE STE 201 TAMPA, FL 33614
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<p>U00000760134 05/24/07-80070-010 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  **4/30/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #