

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023720

FILED
Feb 18, 2010
Secretary of State

Entity Name: TBEC ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

4620 N. HABANA AVE., SUITE 201
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4620 N. HABANA AVE., SUITE 201
TAMPA, FL 33614

New Mailing Address:

FEI Number: 35-2250980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYLWARD, ROBERT E
600 SOUTH MAGNOLIA AVE., SUITE 100
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MG
Name: CHIRCOP, COLIN T DO
Address: 4620 N HABANA AVE STE 201
City-St-Zip: TAMPA, FL 33614

Title: MG
Name: HEIMAN, DAVID
Address: 4224 N TAMPANIA AVE
City-St-Zip: TAMPA, FL 33607

Title: MG
Name: SHEPARD, DAVID
Address: 4224 N TAMPANIA AVE
City-St-Zip: TAMPA, FL 33607

Title: MG
Name: EDGERTON, BRUCE
Address: 2706 W MARTIN LUTHER KING JR BLVD
City-St-Zip: TAMPA, FL 33607

Title: MG
Name: CRESPO, ISRAEL
Address: 7001 N DALE MABRY #5
City-St-Zip: TAMPA, FL 33614

Title: MG
Name: GRAUER, LEOPOLD
Address: 4600 N HABANA AVE #29
City-St-Zip: TAMPA, FL 33614

I hereby 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: COLIN CHIRCOP

MG

02/18/2010

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