

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023720

FILED  
May 01, 2011  
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, LEOPOLDO  
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 T CHIRCOP

P

05/01/2011

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