2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2012
Secretary of State

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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 Statues.

SIGNATURE: COLIN T. CHIRCOP MG 04/02/2012

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