

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90062 032 \*\*\*138.75

**DOCUMENT # L05000098027**

1. Entity Name

**CAPITAL CITY ANESTHESIA, LLC**



Principal Place of Business

**3640 MOSSY CREEK LANE  
TALLAHASSEE FL 32312**

Mailing Address

**3640 MOSSY CREEK LANE  
TALLAHASSEE FL 32311**

2. Principal Place of Business - No P.O. Box #

**1204-B Miccosukee Rd**

3. Mailing Address

**1204-B Miccosukee Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tallahassee, FL**

City & State

**Tallahassee, FL**

Zip

**32308**

Country

Zip

**32308**

Country

4. FEI Number

**20-3593176**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

**BELL, DONALD L  
1016 SHALIMAR DRIVE  
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
BIDWELL, PATRICE T MD  
912 HILLCREST CR  
TALLAHASSEE FL 32308**

☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/23/08**

Date

**887 692-4276**

Daytime Phone #