2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# L05000106610

Entity Name: TWIN OAKS ANESTHESIA SERVICES, L.L.C.

Current Principal Place of Business:

26714 WINGED ELM DRIVE
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

26714 WINGED ELM DRIVE
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 20-3728972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLINE, DEANNA
26714 WINGED ELM DRIVE
WESLEY CHAPEL, FL 33544 US

Name and Address of New Registered Agent:

KLINE, DEANNA L CRNA
26714 WINGED ELM DRIVE
WESLEY CHAPEL, FL 33544 US

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: DEANNA KLINE 02/04/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: KLINE, JONATHAN
Address: 26714 WINGED ELM DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: VP ( ) Delete
Name: KLINE, DEANNA
Address: 26714 WINGED ELM DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: KLINE, JONATHAN P CRNA
Address: 26714 WINGED ELM DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: VP (X) Change ( ) Addition
Name: KLINE, DEANNA L CRNA
Address: 26714 WINGED ELM DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DEANNA KLINE VP 02/04/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date