

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000015274

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** GOSINE ANESTHESIA SERVICES LLC

**Current Principal Place of Business:**

11314 GEORGETOWN CIRCLE  
TAMPA, FL 33635 US

**New Principal Place of Business:**

**Current Mailing Address:**

11314 GEORGETOWN CIRCLE  
TAMPA, FL 33635 US

**New Mailing Address:**

**FEI Number:** 20-4336329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOSINE, RAMA R  
11314 GEORGETOWN CIRCLE  
TAMPA, FL 33635 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: MGR  
Name: GOSINE, RAMA  
Address: 11314 GEORGETOWN CIRCLE  
City-St-Zip: TAMPA, FL 33635 US

Title: SEC.  
Name: GOSINE, DONNA  
Address: 11314 GEORGETOWN CIR  
City-St-Zip: TAMPA, FL 33635 US

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: RAMA GOSINE

MGR

04/19/2010

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