

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027434

FILED
Apr 10, 2009
Secretary of State

Entity Name: ANESTHESIA BUSINESS SOLUTIONS REALTY, L.L.C.

Current Principal Place of Business:

5404 HOOVER RD #20
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

5404 HOOVER RD #20
TAMPA, FL 33634

New Mailing Address:

FEI Number: 56-2566216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, ROBERT E
5020 WEST CYPRESS STREET, SUITE 200
TAMPA, FL 33607 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: MGRM () Delete
Name: KATZ, CAROL
Address: 8508 HEYWARD RD
City-St-Zip: TAMPA, FL 33635

Title: MGRM () Delete
Name: ANESTHESIA & BUSINESS SOLUTIONS
Address: 5404 HOOVER BLVD #20
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KATZ, CAROL
Address: 19409 SWEET GRASS WAY
City-St-Zip: LUTZ, FL 33558

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAROL KATZ

MGRM

04/10/2009

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