2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# L06000046401

Entity Name: RIVERCHASE ANESTHESIA SERVICES LLC

Current Principal Place of Business:

8805 TAMIANI TRAIL NORTH
SUITE 172
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

8805 TAMIANI TRAIL NORTH
SUITE 172
NAPLES, FL 34108

New Mailing Address:

FEI Number: 20-4796378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAYDEN, JUDITH A
8805 TAMIANI TRAIL NORTH
SUITE 172
NAPLES, FL 34108 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 ( ) Delete
Name: HAYDEN, JUDITH A
Address: 6860 HUNTINGTON LAKE CIRCLE #102
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

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: JUDITH HAYDEN MGR 01/27/2009

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