2008 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Mar 17, 2008 8:00 am Secretary of State

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DOCUMENT # L06000091080 1. Entity Name BRANDON ANESTHESIA ASSOCIATES, L.L.C.					03-17-20	08 90263 019	9 ***13	38.75
Principal Place	e of Business	Mailing Address		_	600	15282		
,		P.O. BOX 8036	-		• • • • • • • • • • • • • • • • • • • •			
TAMPA, FL 33607		TAMPA, FL 33674		i				
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Principal Place of Business - No P.O. Box # Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		030620	08 Chg-LLC	CR2E083	(12/06)	
					Olig ELO		(12/00)	
City & State		City & State		4. FEIN				plied For
	T -			59-	3348690			t Applicable
Zip	Country	Zip	Country	5. Certif	cate of Status Desired		.00 Add	
						Fee	Required	<u> </u>
	6. Name and Address of Current	Registered Agent	Name	7. Name	and Address of New	Registered Age	ent	
GASSMAN	LALANC		Ivalle					
	RT STREET, SUITE 102		Street Add	Street Address (P.O. Box Number is Not Acceptable)				
	TER, FL 33756							
	,							
			City			FL	Zip Code	9
	· .		<u> </u>				•	
	named entity submits this statement fo	the purpose of changing its r	egistered office or r	egistered agent, o	or both, in the State of	Florida. I am fam	illiar with,	and accept
the obligati	ions of registered agent.							
SIGNATURE .	<u> </u>	 -						
	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE:						
			registered Agent signature	required when reinstati	0.0000000000000000000000000000000000000	DATE		000000000000000000000000000000000000000
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75		нөукинө Арап арпале	ibsiznen nembo Derupen	M	ake check paya ida:Department		9
	NOW!!! FEE IS \$138.75		10.	required when reinstall	M Flor	ake check paya		3
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Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Horida 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: LIGHT W. HOW THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE