

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091080

FILED
Feb 17, 2009
Secretary of State

Entity Name: BRANDON ANESTHESIA ASSOCIATES, L.L.C.

Current Principal Place of Business:

2810 W ST ISABEL ST #201
TAMPA, FL 33607

New Principal Place of Business:

15102 KESTREL GLEN WAY
LITHIA, FL 33547 US

Current Mailing Address:

P.O. BOX 8036
TAMPA, FL 33674

New Mailing Address:

P.O. BOX 18365
TAMPA, FL 33679 US

FEI Number: 59-3348690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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: PD () Delete
Name: ACOSTA, JORGE MD
Address: 2810 W ST ISABEL ST #201
City-St-Zip: TAMPA, FL 33607

Title: VD () Delete
Name: KRAMER, DANIEL DD
Address: 2810 W ST ISABEL ST #201
City-St-Zip: TAMPA, FL 33607

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PD (X) Change () Addition
Name: ACOSTA, JORGE MD
Address: 106 EDMONTON LANE
City-St-Zip: BRANDON, FL 33511

Title: VD (X) Change () Addition
Name: KRAMER, DANIEL DD
Address: 6114 WILD ORCHID DRIVE
City-St-Zip: LITHIA, FL 33547 US

Title: SD () Change (X) Addition
Name: PICKARD, WAYNE A MD
Address: 2602 JOHN MOORE ROAD
City-St-Zip: BRANDON, FL 33511 US

Title: TD () Change (X) Addition
Name: KIM, CALVIN K MD
Address: 15102 KESTREL GLEN WAY
City-St-Zip: LITHIA, FL 33547 US

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: CALVIN K KIM, MD

TD

02/17/2009

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