

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000091080

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

15102 KESTRELGLEN WAY  
LITHIA, FL 33547 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 18365  
TAMPA, FL 33679 US

**New Mailing Address:**

**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  
**Name:** ACOSTA, JORGE MD  
**Address:** 106 EDMONTON LANE  
**City-St-Zip:** BRANDON, FL 33511

**Title:** VD  
**Name:** KRAMER, DANIEL DD  
**Address:** 15723 PHOEBE PARK AVE  
**City-St-Zip:** LITHIA, FL 33547 US

**Title:** SD  
**Name:** PICKARD, WAYNE A MD  
**Address:** 2602 JOHN MOORE ROAD  
**City-St-Zip:** BRANDON, FL 33511 US

**Title:** TD  
**Name:** KIM, CALVIN K MD  
**Address:** 15102 KESTRELGLEN WAY  
**City-St-Zip:** LITHIA, FL 33547 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:** CALVIN K KIM, MD

TD

02/24/2010

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