

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000119430

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA PEDIATRIC ANESTHESIA ASSOCIATES, P.L.

**Current Principal Place of Business:**

1033 DR. M.L. KING, JR. ST. NORTH, #108  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

1033 DR. M.L. KING, JR. ST. NORTH, #108  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

**FEI Number:** 20-8891011

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRONSTEIN, JOEL D  
150 2ND AVENUE NORTH, SUITE 1100  
ST. PETERSBURG, FL 33701 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  
Name: DIEN, VU  
Address: 1033 DR. MLK JR. STREET, N., #108  
City-St-Zip: SAINT PETERSBURG, FL 33701

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: DIEN VU

MGR

04/20/2010

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