


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

04-30-2008 90029 037 ***138.75

DOCUMENT # L07000060588			
1. Entity Name SOUTH TAMPA ANESTHESIA SERVICES, LLC			
Principal Place of Business 3615 SAN PEDRO STREET TAMPA, FL 33629		Mailing Address 3615 SAN PEDRO STREET TAMPA, FL 33629	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04242008 Chg-LLC CR2E083 (12/06)		4. FEI Number 26 0351399	
		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHULAK, PAULA 3615 SAN PEDRO STREET TAMPA, FL 33629		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Paula Schulak</u> (Name of Agent) <u>4/29/08</u> DATE <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MANAGER PAULA SCHULAK 3615 SAN PEDRO ST TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida 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: <u>Paula Schulak</u>		Date <u>4/29/08</u> Daytime Phone # <u>813-645-1470</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

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