

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060588

FILED
May 04, 2009
Secretary of State

Entity Name: SOUTH TAMPA ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

3615 SAN PEDRO STREET
TAMPA, FL 33629

New Principal Place of Business:

6220 S. JONES RD.
TAMPA, FL 33611

Current Mailing Address:

3615 SAN PEDRO STREET
TAMPA, FL 33629

New Mailing Address:

6220 S. JONES RD.
TAMPA, FL 33611

FEI Number: 26-0351399 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHULAK, PAULA
3615 SAN PEDRO STREET
TAMPA, FL 33629 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: MGRM () Delete
Name: SCHULAK, PAULA
Address: 36155 NW PEDRO ST
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHULAK, PAULA
Address: 6220 S. JONES RD.
City-St-Zip: TAMPA, FL 33611

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: PAULASCHULAK

PRES

05/04/2009

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