# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
08 AUG 28 AM 10: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000066672

1. Entity Name
ANESTHESIA PROFESSIONAL SERVICES OF NEW TAMPA, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 5501 WEST GRAY STREET<br>TAMPA, FL 33609 | 5501 WEST GRAY STREET<br>TAMPA, FL 33609 |

| 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 |

07232008 Chg-LLC CR2E083 (12/06)

4. FEI Number: Applied For — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CORPDIRECT AGENTS, INC.<br>515 EAST PARK AVENUE<br>TALLAHASSEE, FL 32301 | Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>City — FL — Zip Code |

BK

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 _____
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when consenting) DATE

| FILE NOW!!! FEE IS $138.75<br>Due by September 12, 2008 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to<br>Florida Department of State |
|---|---|---|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEO<br>Dr. Rodolfo Gar.<br>5501 W. Gray St.<br>Tampa, FL 33609 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition<br>800135372488<br>09/04/08--01036--006 **138.75 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President & COO<br>Mike Doyle<br>5501 W. Gray St.<br>Tampa, FL 33609 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CFO<br>Rich DeFalco<br>5501 W. Gray St.<br>Tampa, FL 33609 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #