

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000112702

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA OFFICE ANESTHESIA SUPPLIES AND EQUIPMENT, LLC

**Current Principal Place of Business:**

4304 AZEELE STREET  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

4304 AZEELE STREET  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 11-3828720

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: VT  
Name: KAUFMAN, MARC M.D.  
Address: 4304 AZEELE STREET  
City-St-Zip: TAMPA, FL 33609

Title: PS  
Name: VILA, HECTOR JR., MD  
Address: 4304 AZEELE STREET  
City-St-Zip: TAMPA, FL 33609

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: HECTOR VILA JR MD

PS

01/11/2010

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