2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L07000114574

Entity Name: TWIN CITIES ANESTHESIA ASSOCIATES, PL

Current Principal Place of Business:

2190 HIGHWAY 85 N
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

1662 ST LAWRENCE DR
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 26-1404171 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRODERICK, ARTHUR P
1662 ST LAWRENCE DR
NICEVILLE, FL 32578 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 ( ) Delete
Name: BROADERICK, ARTHUR PAUL
Address: 2190 HIGHWAY 85 N
City-St-Zip: NICEVILLE, FL 32578

Title: MGR (X) Delete
Name: EDERER, MICHAEL P
Address: 2190 HIGHWAY 85 N
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ARTHUR P. BROADERICK MNGR 04/20/2009

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