

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000127669

FILED
Jun 15, 2009
Secretary of State

Entity Name: SOUTHEAST ANESTHESIA AND PAIN MEDICINE, LLC

Current Principal Place of Business:

5622 MARINE PKWY
STE 18
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

5651 GULF DR
NEW PORT RICHEY, FL 34652

Current Mailing Address:

P O BOX 158
LUTZ, FL 33548

New Mailing Address:

FEI Number: 26-1671115 **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:

ZHU, HUI
19260 FISHERMANS BEND DRIVE
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

ZHU, HUI
5651 GULF DR
NEW PORT RICHEY, FL 34652 US

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: HZ

06/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZHU, HUI MD
Address: 19260 FISHERMANS BEND DRIVE
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ZHU, HUI MD
Address: P. O. BOX 158
City-St-Zip: LUTZ, FL 33548

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: HUI ZHU

MGRM

06/15/2009

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