

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002959

FILED
Apr 29, 2009
Secretary of State

Entity Name: MOBILE PEDIATRIC ANESTHESIOLOGISTS OF TAMPA, PL

Current Principal Place of Business:

2923 WEST BAYSHORE COURT
TAMPA, FL 33611

New Principal Place of Business:

3213 WEST HARBOR VIEW AVENUE
TAMPA, FL 33611

Current Mailing Address:

2923 WEST BAYSHORE COURT
TAMPA, FL 33611

New Mailing Address:

3213 WEST HARBOR VIEW AVENUE
TAMPA, FL 33611

FEI Number: 26-1761263

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: MGRM () Delete
Name: DICKERSON, ROBERT M.D.
Address: 2923 WEST BAYSHORE COURT
City-St-Zip: TAMPA, FL 33611

Title: PST () Delete
Name: DICKERSON, ROBERT M.D.
Address: 2923 WEST BAYSHORE COURT
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DICKERSON, ROBERT M.D.
Address: 3213 WEST HARBOR VIEW AVENUE
City-St-Zip: TAMPA, FL 33611

Title: PST (X) Change () Addition
Name: DICKERSON, ROBERT M.D.
Address: 3213 WEST HARBOR VIEW AVENUE
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: ROBERT DICKERSON, M.D.

MGRM

04/29/2009

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