

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002959

FILED
Mar 10, 2011
Secretary of State

Entity Name: MOBILE PEDIATRIC ANESTHESIOLOGISTS OF TAMPA, PL

Current Principal Place of Business:

3213 WEST HARBOR VIEW AVENUE
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

1033 DR. MARTIN LUTHER KING JR ST N
108
ST PETERSBURG, FL 33701

New Mailing Address:

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
Name: DICKERSON, ROBERT M.D.
Address: 3213 WEST HARBOR VIEW AVENUE
City-St-Zip: TAMPA, FL 33611

Title: PST
Name: DICKERSON, ROBERT M.D.
Address: 3213 WEST HARBOR VIEW AVENUE
City-St-Zip: TAMPA, FL 33611

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: ROBERT DICKERSON

MGRM

03/10/2011

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