

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021050

FILED
Apr 13, 2010
Secretary of State

Entity Name: ZEPHYRHILLS ANESTHESIOLOGY ASSOCIATES, LLC

Current Principal Place of Business:

3414 LOGGERHEAD WAY
WESLEY CHAPEL, FL 33544 US

New Principal Place of Business:

Current Mailing Address:

3414 LOGGERHEAD WAY
WESLEY CHAPEL, FL 33544 US

New Mailing Address:

FEI Number: 26-2109207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE LAW OFFICES OF MAX A. ADAMS, ESQ., PLL
10650 PARIS ST.
COOPER CITY, FL 33026 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: JAVIER E. ROJAS, M.D., P.A.
Address: 3414 LOGGERHEAD WAY
City-St-Zip: WESLEY CHAPEL, FL 33544 US

Title: MGRM
Name: ALBERTO RAMIREZ, M.D., P.A.
Address: 16238 BURNISTON DRIVE
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM
Name: EHIJELE OMOIKE, M.D., P.A.
Address: 27538 PINE POINT DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544 US

Title: MGRM
Name: ALBRECHT WOBST, MD PA
Address: 36027 DEER CREEK DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33541

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: JAVIER E ROJAS, MD

MGRM

04/13/2010

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