

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041033

FILED
Apr 07, 2009
Secretary of State

Entity Name: NEW PORT RICHEY ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

5515 GULF DRIVE, SUITE B
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5515 GULF DRIVE, SUITE B
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 26-2480725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYLWARD, ROBERT E
600 S. MAGNOLIA AVE., SUITE 125
TAMPA, FL 33606 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: D () Change (X) Addition
Name: VANGARA, SREENIVASA P
Address: 5515 GULF DRIVE SUITE B
City-St-Zip: NEW PORT RICHEY, FL 346652 US

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: SREENIVASA PRASAD VANGARA

D

04/07/2009

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