

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000000490

FILED
Apr 29, 2009
Secretary of State

Entity Name: SARASOTA HEALTHCARE ANESTHESIA TRUST LLC

Current Principal Place of Business:

5560 BEE RIDGE ROAD SUITE D-3
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5560 BEE RIDGE ROAD SUITE D-3
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 26-6025867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGARE, THOMAS K MD
5560 BEE RIDGE ROAD SUITE D-3
SARASOTA, FL 34233 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: LEGARE, THOMAS K MD
Address: 5560 BEE RIDGE ROAD SUITE D-3
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS K LEGARE, MD

MGRM

04/29/2009

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