

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000000490

**FILED**  
**Feb 17, 2010**  
**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:**

2653 STICKNEY POINT ROAD  
SARASOTA, FL 34231

**Current Mailing Address:**

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

**New Mailing Address:**

2653 STICKNEY POINT ROAD  
SARASOTA, FL 34231

**FEI Number:** 26-4025867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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:** THOMAS K LEGARE, MD

MGRM

02/17/2010

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