

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000000490

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** SARASOTA HEALTHCARE ANESTHESIA TRUST LLC

**Current Principal Place of Business:**

2653 STICKNEY POINT ROAD  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

2653 STICKNEY POINT ROAD  
SARASOTA, FL 34231

**New Mailing Address:**

**FEI Number:** 26-4025867

**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:**

LEGARE, THOMAS K MD  
2653 STICKNEY POINT ROAD  
SARASOTA, FL 34231 US

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:

01/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LEGARE, THOMAS K MD  
Address: 2653 STICKNEY POINT ROAD  
City-St-Zip: SARASOTA, FL 34231

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

01/06/2011

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