

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000025047

FILED
Jan 11, 2010
Secretary of State

Entity Name: GASTROENTEROLOGY ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

623 MAITLAND AVENUE
2200
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

623 MAITLAND AVENUE
2200
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 26-4468532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, BARRY R
623 MAITLAND AVENUE
2200
ALTAMONTE SPRINGS, FL 32701 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: LEBIODA, DAVID L
Address: 623 MAITLAND AVE., SUITE 2200
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM
Name: STRAKER, RICHARD J
Address: 623 MAITLAND AVE., SUITE 2200
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM
Name: KATZ, BARRY R
Address: 623 MAITLAND AVE., SUITE 2200
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM
Name: SHEPHARD, HARRY H
Address: 623 MAITLAND AVE., SUITE 2200
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM
Name: POPLI, RAAJ K
Address: 623 MAITLAND AVE., SUITE 2200
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM
Name: REDDY, SANJAY K
Address: 623 MAITLAND AVE., SUITE 2200
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: BARRY R. KATZ, M.D.

MGRM

01/11/2010

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