

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000070383

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** SUNCOAST ANESTHESIA PARTNERS, LLC

**Current Principal Place of Business:**

2089 HAWTHORNE STREET, SUITE 100  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

2089 HAWTHORNE STREET, SUITE 100  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 27-0602105

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAVARY, JOHNSON S JR, ESQ  
1990 MAIN STREET, SUITE 700  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

FLEMING, LINDA L ESQ  
401 E. JACKSON STREET  
2500  
TAMPA, FL 33602 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: LINDA L. FLEMING, ESQ.

01/08/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KUPERMAN, DOUGLAS M.D.  
Address: 2089 HAWTHORNE STREET, SUITE 100  
City-St-Zip: SARASOTA, FL 34239 US

Title: MGR  
Name: CORBETT, SCOTT F M.D.  
Address: 2089 HAWTHORNE STREET, SUITE 100  
City-St-Zip: SARASOTA, FL 34239 US

Title: MGR  
Name: KALVARIA, ISAAC M.D.  
Address: 2089 HAWTHORNE STREET, SUITE 100  
City-St-Zip: SARASOTA, FL 34239 US

Title: MGR  
Name: SOUTHERLAND, JOHN M.D.  
Address: 2089 HAWTHORNE STREET, SUITE 100  
City-St-Zip: SARASOTA, FL 34239 US

Title: MGR  
Name: APRILL, NORMAN M M.D.  
Address: 2089 HAWTHORNE STREET, SUITE 100  
City-St-Zip: SARASOTA, FL 34239 US

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: DOUGLAS KUPERMAN, M.D.

MGR

01/08/2010

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