

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000394

FILED
Jan 05, 2009
Secretary of State

Entity Name: BAY AREA ANESTHESIA, L.L.C.

Current Principal Place of Business:

4805 W LAUREL STREET
STE 100
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4805 W. LAUREL STREET
SUITE 100
TAMPA, FL 33607

New Mailing Address:

4805 W LAUREL STREET
STE 100
TAMPA, FL 33607

FEI Number: 59-3552855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMERON, KEVIN A CPA
4805 W LAUREL STREET
STE 100
TAMPA, FL 33607 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: ESCOE, BOBBY
Address: 740 126TH AVENUE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: MGRM () Delete
Name: RADIN, JONATHAN
Address: 12720 FRANK DRIVE S
City-St-Zip: SEMINOLE, FL 33776

Title: MGRM () Delete
Name: SCHLIFSTEIN, BRETT H
Address: 1400 GULF BLVD APT 606
City-St-Zip: CLEARWATER, FL 33767

Title: MGRM () Delete
Name: ROOT, THOMAS M
Address: 2423 HILLCREEK CIRCLE, E.
City-St-Zip: CLEARWATER, FL 33759

Title: MGRM () Delete
Name: KSHATRI, ATULKUMAR
Address: 2323 9TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33733

Title: MGRM () Delete
Name: BERG, CHRISTOPHER J
Address: 105 WESTBROOK COURT
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES:

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

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

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

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

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: KEVIN A CAMERON

CPA

01/05/2009

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