2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# M08000000697

Entity Name: SOUTHEAST ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

6350 STATE HIGHWAY 85
CHANCELLOR, AL 36316

New Principal Place of Business:

Current Mailing Address:

6350 STATE HIGHWAY 85
CHANCELLOR, AL 36316

New Mailing Address:

FEI Number: 26-1620040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKER, JOANN
401 E. BYRD AVENUE
BONIFAY, FL 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: TUCKER, JAMES R
Address: 6350 STATE HIGHWAY 85
City-St-Zip: CHANCELLOR, AL 36316

Title: MGRM ( ) Delete
Name: BOM YU, CHANG
Address: 230 CREEKSIDE DRIVE
City-St-Zip: DOTHAN, AL 36305

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
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: JAMES TUCKER MGRM 01/30/2009

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