

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000697

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**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:**

BAKER, JOANN  
401 E. BYRD AVENUE  
BONIFAY, FL 32425 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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/17/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TUCKER, JAMES R  
Address: 6350 STATE HIGHWAY 85  
City-St-Zip: CHANCELLOR, AL 36316

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

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: JAMES TUCKER

MEMB

02/17/2010

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