

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000697

**FILED**  
**Jan 12, 2011**  
**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 32425 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:** 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

MGRM

01/12/2011

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