

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016177

FILED  
Jan 05, 2010  
Secretary of State

**Entity Name:** ANESTHESIA ASSOCIATES OF SOUTHWEST FLORIDA, LLC

**Current Principal Place of Business:**

1220 E VENICE AVENUE  
VENICE, FL 34285

**New Principal Place of Business:**

**Current Mailing Address:**

1220 E VENICE AVENUE  
VENICE, FL 34285

**New Mailing Address:**

**FEI Number:** 65-1071498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AYLWARD, ROBERT E  
600 S. MAGNOLIA AVE., STE. 100  
TAMPA, FL 33606 US

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

FELMAN, ROBERT  
1041 RIDGEWOOD AVE  
VENICE, FL 34285 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: ROBERT FELMAN

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GROSSBARD, HOWARD  
Address: 1041 RIDGEWOOD AVE  
City-St-Zip: VENICE, FL 34285 US

Title: MGR  
Name: DE MASI, RONALD  
Address: 825 VENETIAN PARKWAY  
City-St-Zip: VENICE, FL 34285

Title: MGR  
Name: RAJA, JAY  
Address: 900 EAST PINE ST. STE 215  
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGR  
Name: FELMAN, ROBERT  
Address: 1041 RIDGEWOOD AVE  
City-St-Zip: VENICE, FL 34285

Title: MGR  
Name: DUMAS, PETER  
Address: 1215 JACARANDA BLVD  
City-St-Zip: VENICE, FL 34292

Title: MGR  
Name: KONDAPALI, RAVI  
Address: 825 VENETIAN PARKWAY  
City-St-Zip: VENICE, FL 34285

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: ROBERT FELMAN

MGR

01/05/2010

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