

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119642

FILED
Jan 28, 2009
Secretary of State

Entity Name: NAS WALDEMERE, LLC

Current Principal Place of Business:

1921 WALDERMER STREET, SUITE 107
SARASOTA, FL 34239

New Principal Place of Business:

1921 WALDEMERE STREET
SUITE 107
SARASOTA, FL 34239

Current Mailing Address:

1921 WALDERMER STREET, SUITE 107
SARASOTA, FL 34239

New Mailing Address:

1921 WALDEMERE STREET
SUITE 107
SARASOTA, FL 34239

FEI Number: 26-1519743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBER, HERMAN
1921 WALDEMERE ST 107
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

WEBER, HERMAN
1921 WALDEMERE ST
SUITE 107
SARASOTA, FL 34239 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:

01/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THE HERNANDO WEBER R, EVOCABLE TRUST
Address: 1921 WALDERMER STREET, SUITE 107
City-St-Zip: SARASOTA, FL 34239

Title: MGRM () Delete
Name: GOVER, DOMINICK E M.D.
Address: 1921 WALDERMER STREET, SUITE 107
City-St-Zip: SARASOTA, FL 34239

Title: MGRM () Delete
Name: GHOSE, RANJAN P M.D.
Address: 1921 WALDERMER STREET, SUITE 416
City-St-Zip: SARASOTA, FL 34239

Title: MGRM () Delete
Name: FINEMAN, STEVEN W M.D.
Address: 1921 WALDERMER STREET, SUITE 107
City-St-Zip: SARASOTA, FL 34239

Title: MGRM () Delete
Name: SASTRY, ASHOK M.D.
Address: 1921 WALDERMER STREET, SUITE 107
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

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

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

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

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: HERMAN WEBER

MGRM

01/28/2009

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