

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119642

FILED  
Jan 06, 2010  
Secretary of State

Entity Name: NAS WALDEMERE, LLC

**Current Principal Place of Business:**

1921 WALDEMERE STREET  
SUITE 107  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

1921 WALDEMERE STREET  
SUITE 107  
SARASOTA, FL 34239

**New Mailing Address:**

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  
SUITE 107  
SARASOTA, FL 34239 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: THE HERNANDO WEBER REVOCABLE TRUST  
Address: 1921 WALDERMER STREET, SUITE 107  
City-St-Zip: SARASOTA, FL 34239

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

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

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

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

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: HERMAN WEBER

MGRM

01/06/2010

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