

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000112851

FILED
Aug 31, 2009
Secretary of State

Entity Name: ANESTHESIA WORKS L.L.C.

Current Principal Place of Business:

30 SHADOW CREEK WAY
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

30 SHADOW CREEK WAY
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WRIGHT, VICTOR J DPM
510 W. MAIN STREET
BARTOW, FL 33830 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

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WRIGHT, AMEER A
Address: 30 SHADOW CREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

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: AMEER A. WRIGHT

MGR

08/31/2009

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