

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000026341

FILED
Feb 14, 2012
Secretary of State

Entity Name: KEY WEST ANESTHESIA ASSOCIATES, PLC

Current Principal Place of Business:

LOWER KEYS MEDICAL CENTER
5900 COLLEGE ROAD
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

8 AQUAMARINE DRIVE
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 26-4478560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, JOHN P
JOHN P. WHITE, P.A.
1575 PINE RIDGE RD -S TE 10
NAPLES, FL 34109 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: GERARD, KENNETH W
Address: 8 AQUAMARINE DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: MGR
Name: EID, ROBERT
Address: 3514 SUNRISE DR
City-St-Zip: KEY WEST, FL 33040

Title: MGR
Name: GREENWOOD, WILLIAM
Address: 2401 SEIDENBERG AVE
City-St-Zip: KEY WEST, FL 33045

Title: MGR
Name: SHAPIRO, JED
Address: 1485 SEABAY RD
City-St-Zip: WESTON, FL 33326

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: JED SHAPIRO

MGR

02/14/2012

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