

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000026341

**FILED**  
**Feb 01, 2014**  
**Secretary of State**  
**CC7657328915**

**Entity Name:** KEY WEST ANESTHESIA ASSOCIATES, PLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

3514 SUNRISE DRIVE  
KEY WEST, FL 33040 US

**FEI Number:** 26-4478560

**Certificate of Status Desired:** No

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

FLORIDA ACCOUNTING ASSOCIATES, PA  
2443 PINE WOOD CIRCLE  
NAPLES, FL 34105 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:** MICHAEL J BODAH CPA

02/01/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	ROBERT EID MD PA	Name	GREENWOOD, WILLIAM
Address	3514 SUNRISE DRIVE	Address	2401 SEIDENBERG AVE
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33045
Title	MGR	Title	MGR
Name	TODD RAPPAPORT MD PA	Name	PGI ANESTHESIA CORP
Address	1031 1ST STREET SOUTH SUITER 902	Address	240 LEWIS CIRCLE SUITE 314
City-State-Zip:	JACKSONVILLE BEACH FL 32250	City-State-Zip:	PUNTA GORDA FL 33950

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT EID

**PRES.**

02/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date