

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000026341

FILED
Jan 06, 2015
Secretary of State
CC9858881786

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: Yes

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

01/06/2015

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

01/06/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date