2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State
08-14-2002 90028 036 ****50.00

DOCUMENT # L00000016177

1. Entity Name
ANESTHESIA ASSOCIATES OF SOUTHWEST FLORIDA, LLC ✓

Principal Place of Business	Mailing Address
1203 JACARANDA BLVD. VENICE HEALTH PARK VENICE FL 34292-4519	1203 JACARANDA BLVD. VENICE HEALTH PARK VENICE FL 34292-4519

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1220 E. Venice Avenue	1220 E. Venice Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Venice, FL	City & State: Venice, FL
Zip: 34292 Country: USA	Zip: 34292 Country: USA

4. FEI Number 65-1071498 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

AYLWARD, ROBERT E
600 S. MAGNOLIA AVE., STE. 100
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	AYLWARD, ROBERT E	
STREET ADDRESS	600 S. MAGNOLIA AVE., SUITE 100	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Kimberly B. Albert Kimberly B. Albert 7-24-02 941-484-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (4/02)