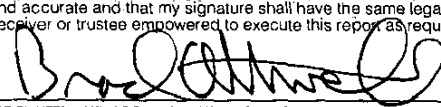


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90410 017 ****50.00

DOCUMENT # L00000016177					
1. Entity Name ANESTHESIA ASSOCIATES OF SOUTHWEST FLORIDA, LLC					
Principal Place of Business 1220 E VENICE AVENUE VENICE, FL 34292			Mailing Address 1220 E VENICE AVENUE VENICE, FL 34292		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1071498	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
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 _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME AYLWARD, ROBERT E STREET ADDRESS 600 S. MAGNOLIA AVE., SUITE 100 CITY-ST-ZIP TAMPA, FL 33606	☒ Delete		TITLE MGR NAME Grossbard, Howard STREET ADDRESS 241 Nokomis Ave. S. CITY-ST-ZIP Venice, FL 34285	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE MGR NAME DeMasi, Ron STREET ADDRESS 1203 Jacaranda Blvd CITY-ST-ZIP Venice, FL 34292	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE MGR NAME Raja, Jay STREET ADDRESS 900 East Pine St. Ste 215 CITY-ST-ZIP Englewood, FL 34223	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE MGR NAME Felman, Robert STREET ADDRESS 1041 Ridgewood Ave CITY-ST-ZIP Venice, FL 34292	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE MGR NAME Dumas, Peter STREET ADDRESS 1215 Jacaranda Blvd CITY-ST-ZIP Venice, FL 34292	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE MGR NAME Kondapalli, Ravi STREET ADDRESS 1203 Jacaranda Blvd CITY-ST-ZIP Venice, FL 34292	☐ Change ☒ Addition	
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:  4/6/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					