

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016177

FILED
Apr 27, 2005
Secretary of State

Entity Name: ANESTHESIA ASSOCIATES OF SOUTHWEST FLORIDA, LLC

Current Principal Place of Business:

1220 E VENICE AVENUE
VENICE, FL 34292

New Principal Place of Business:

1220 E VENICE AVENUE
VENICE, FL 34285

Current Mailing Address:

1220 E VENICE AVENUE
VENICE, FL 34292

New Mailing Address:

1220 E VENICE AVENUE
VENICE, FL 34285

FEI Number: 65-1071498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: MGR () Delete
Name: GRASSLAND, HOWARD
Address: 241 NOKOMIS AVE. S.
City-St-Zip: VENICE, FL 34285 US

Title: MGR () Delete
Name: DE MASI, RON
Address: 1205 JACARANDA BLVD
City-St-Zip: VENICE, FL 34292

Title: MGR () Delete
Name: RAJA, JAY
Address: 900 EAST PINE ST. STE 215
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGR () Delete
Name: FELMAN, ROBERT
Address: 1041 RIDGEWOOD AVE
City-St-Zip: VENICE, FL 34292

Title: MGR () Delete
Name: DUMAS, PETER
Address: 1215 JACARANDA BLVD
City-St-Zip: VENICE, FL 34292

Title: MGR () Delete
Name: KONDAPALI, RAVI
Address: 1203 JACARANDA BLVD
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT FELMAN

MGR

04/27/2005

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