# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 31, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # L00000016177

1. Entity Name
ANESTHESIA ASSOCIATES OF SOUTHWEST FLORIDA, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1220 E VENICE AVENUE<br>VENICE, FL 34285 | 1220 E VENICE AVENUE<br>VENICE, FL 34285 |

**DO NOT WRITE IN THIS SPACE**

01142008 No Chg-LLC CR2E083 (12/07)

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

**DO NOT WRITE IN THIS SPACE**

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 $138.75**
**After May 1, 2008 Fee will be $538.75**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | GRASSLAND, HOWARD |
| STREET ADDRESS | 241 NOKOMIS AVE. S. |
| CITY-ST-ZIP | VENICE, FL 34285 |
| TITLE | MGR |
| NAME | DE MASI, RON |
| STREET ADDRESS | 1205 JACARANDA BLVD |
| CITY-ST-ZIP | VENICE, FL 34292 |
| TITLE | MGR |
| NAME | RAJA, JAY |
| STREET ADDRESS | 900 EAST PINE ST. STE 215 |
| CITY-ST-ZIP | ENGLEWOOD, FL 34223 |
| TITLE | MGR |
| NAME | FELMAN, ROBERT |
| STREET ADDRESS | 1041 RIDGEWOOD AVE |
| CITY-ST-ZIP | VENICE, FL 34292 |
| TITLE | MGR |
| NAME | DUMAS, PETER |
| STREET ADDRESS | 1215 JACARANDA BLVD |
| CITY-ST-ZIP | VENICE, FL 34292 |
| TITLE | MGR |
| NAME | KONDAPALI, RAVI |
| STREET ADDRESS | 1203 JACARANDA BLVD |
| CITY-ST-ZIP | VENICE, FL 34292 |

U00000808260
02/07/08-80041-007 138.75

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #