

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016177

FILED
Jan 10, 2011
Secretary of State

Entity Name: ANESTHESIA ASSOCIATES OF SOUTHWEST FLORIDA, LLC

Current Principal Place of Business:

1220 E VENICE AVENUE
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

1220 E VENICE AVENUE
VENICE, FL 34285

New Mailing Address:

FEI Number: 65-1071498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELMAN, ROBERT
1041 RIDGEWOOD AVE
VENICE, FL 34285 US

Name and Address of New Registered Agent:

KONDAPALLI, RAVI
825 VENETIAN PARKWAY
VENICE, FL 34285 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: RAVI KONDAPALLI

01/10/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: GROSSBARD, HOWARD
Address: 1041 RIDGEWOOD AVE
City-St-Zip: VENICE, FL 34285 US

Title: MGR
Name: DE MASI, RONALD
Address: 825 VENETIAN PARKWAY
City-St-Zip: VENICE, FL 34285

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

Title: MGR
Name: FELMAN, ROBERT
Address: 1041 RIDGEWOOD AVE
City-St-Zip: VENICE, FL 34285

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

Title: MGR
Name: KONDAPALI, RAVI
Address: 825 VENETIAN PARKWAY
City-St-Zip: VENICE, FL 34285

I hereby 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: RAVI KONDAPALLI

MGR

01/10/2011

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