

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016177

FILED
Jan 04, 2012
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:

KONDAPALLI, RAVI
825 VENETIAN PARKWAY
VENICE, FL 34285 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/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

01/04/2012

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