2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000000840

1. Entity Name
WHITE SANDS ANESTHESIA & PAIN MEDICINE, L.L.C.



FILED Feb 02, 2004 8:00 am Secretary of State 02-02-2004 90210 030 ****55.00

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5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above name of entry submits this attended 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 belightons of registered agent and registered agent. 8. The above name of entry submits this attended 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 belightons of registered agent. 8. The above name of entry submits this attended for the purpose of changing its registered agent or both, in the State of Florida. I am familiar with and accept the belightons of registered agent. 8. The above name of entry submits this attended 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 belightons of registered agent. 8. The above name of entry submits this attended for the purpose of changing its registered office or registered agent. 9. The above name of entry submits this attended agent. 9. The above name of entry submits this attended agent. 9. The above name of entry submits this attended agent. 9. The above name of entry submits this attended agent. 9. The above name of entry submits this attended agent. 9. The above name of entry submits this attended agent. 9. The above name of entry submits this attended agent. 9. The above name of entry submits this attended agent. 9. The above name of entry submits this attended agent. 9. The above name of entry submits this attended agent. 9. The above name of entry submits this attended agent. 9. The above name of entry submits this attended agent. 9. The above name of entry submits this attended agent. 9. The above name of entry		. 6:1. 6.	City & State	City & State		4. FEI Number Applied For
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Filling Fee is \$50.00 Due by May 1, 2004 Make check payable to Fiorida Department of State	SIGNATURE	ignature, typed or printed name of registered ager	nt and title if applicable.	E: Registered Agent sign	ature required	ed when reinstating) · DATE
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STREET ADDRESS CITY-ST-ZIP 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: WAY WINGE 1. NAME STREET ADDRESS CITY-ST-ZIP 1. 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: 2. A 2.	NAME STREET ADDRESS		☐ Delete	NAME Street address	S	☐ Change ☐ Addition
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