

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90210 030 ****55.00

DOCUMENT # L02000000840

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



Principal Place of Business
**4485 FURLING LANE
DESTIN, FL 32541**

Mailing Address
**PMB #401, 4421 COMMONS DRIVE E
DESTIN, FL 32541-3487**

24005171



2. Principal Place of Business
1937 Harrison Ave.
Suite, Apt. #, etc.

3. Mailing Address
PO Box 1968
Suite, Apt. #, etc.

01262004 Chg-LLC CR2E083 (10/03)

City & State
Panama City, FL
Zip
32405 Country

City & State
Panama City, FL
Zip
32402 Country

4. FEI Number
04-3593970 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ZWINGELBERG, KEITH M
4485 FURLING LANE
DESTIN, FL 32541**

7. Name and Address of New Registered Agent

Name **Keith M. Zwingelberg**
Street Address (P.O. Box Number is Not Acceptable)
1937 Harrison Ave.
City **Panama City** **FL** Zip Code **32405**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **ZWINGELBERG, KEITH M**
STREET ADDRESS **4421 COMMONS DR E**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **KEITH M. ZWINGELBERG**
STREET ADDRESS **PO Box 1968**
CITY-ST-ZIP **Panama City, FL 32402**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Keith M Zwingelberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/27/04
Date

872-0303
Daytime Phone #