

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005397

FILED
Apr 01, 2009
Secretary of State

Entity Name: CURRENT REVIEWS FOR NURSE ANESTHETISTS, LLC

Current Principal Place of Business:

1828 SE FIRST AVE
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

1828 SE FIRST AVE
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 20-0696745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOYA, M.D., FRANK
1828 SE FIRST AVE
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

MOYA, FRANK M.D.
1828 SE FIRST AVE
FORT LAUDERDALE, FL 33316 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: FRANK MOYA

04/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOYA, FRANK M.D.
Address: 1828 SE FIRST AVE.
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGR () Delete
Name: MCNULTY, JOAN
Address: 1828 SE FIRST AVE.
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGR (X) Delete
Name: LICHTIGER, MONTE M.D.
Address: 1828 SE FIRST AVE.
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOAN MCNULTY

MGR

04/01/2009

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