

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000015665

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** ASSOCIATES OF ANESTHESIOLOGY, LLC

**Current Principal Place of Business:**

514 EICHENFELD DR  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

12900 CORTEZ BLVD ST 104  
BROOKSVILLE, FL 34613

**New Mailing Address:**

12900 CORTEZ BLVD  
SUITE 104  
BROOKSVILLE, FL 34613

**FEI Number:** 20-0156650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REHEEM, M. ALLAM MD  
12900 CORTEZ BLVD STE 104  
BROOKSVILLE, FL 34613 US

**Name and Address of New Registered Agent:**

REHEEM, M. ALLAM MD  
12900 CORTEZ BLVD  
SUITE 104  
BROOKSVILLE, FL 34613 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: M ALLAM REHEEM, MD

01/06/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: REHEEM, M. ALLAM MD  
Address: 12900 CORTEZ BLVD STE 104  
City-St-Zip: BROOKSVILLE, FL 34613

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: M ALLAM REHEEM, MD

MGR

01/06/2010

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