

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020680

**FILED**  
**Feb 09, 2005**  
**Secretary of State**

**Entity Name:** BONITA BAY ANESTHESIA PLLC

**Current Principal Place of Business:**

20201 CENTURY BLVD, STE. 480  
GERMANTOWN, MD 20874

**New Principal Place of Business:**

26800 TAMiami TRAIL  
SUITE 100  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

20201 CENTURY BLVD, STE. 480  
GERMANTOWN, MD 20874

**New Mailing Address:**

**FEI Number:** 56-2446797

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 32301 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/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** JORDAN, DAVID  
**Address:** 20201 CENTURY BLVD, STE. 480  
**City-St-Zip:** GERMANTOWN, MD 20874

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** LEWIE ANDERSON

MR

02/09/2005

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