

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000025159

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA AMBULATORY ANESTHESIA, LLC

**Current Principal Place of Business:**

1395 STATE ROAD 7  
SUITE 100  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

15761 CEDAR GROVE LANE  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 06-1721757

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, RONALD N  
15761 CEDAR GROVE LANE  
WELLINGTON, FL 33414 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/MANAGERS:**

**Title:** MGRM  
**Name:** SMITH, RONALD N MD, PA  
**Address:** 15761 CEDAR GROVE LANE  
**City-St-Zip:** WELLINGTON, FL 33414

**Title:** MGRM  
**Name:** BHARDWAJ, NISHA MD, PA  
**Address:** 11104 GREEN BAYBERRY DRIVE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418

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:** RONALD SMITH

MGMR

04/04/2011

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