2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2005
Secretary of State

DOCUMENT# L04000031917

Entity Name: WESTERN COMMUNITIES ANESTHESIA ASSOCIATES, LLC

Current Principal Place of Business:

17166 GULF PINE CIRCLE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

17166 GULF PINE CIRCLE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-1051668 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

GOLDFINGER, DAVID MD
17166 GULF PINE CIRCLE
WELLINGTON, FL 33414 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: DAVID GOLDFINGER, MD 04/01/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: GOLDFINGER, DAVID M.D.
Address: 17166 GULF PINE CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: MARTINEZ, RICARDO L MD
Address: 11691 STONEHAVEN WAY
City-St-Zip: WEST PALM BEACH, FL 33412

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: DAVID GOLDFINGER, MD MGR 04/01/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date