

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031917

FILED
Apr 28, 2006
Secretary of State

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:

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

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

ADDITIONS/CHANGES:

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 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: DAVID GOLDFINGER

MGR

04/28/2006

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