

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031917

FILED
May 01, 2007
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:

11985 SOUTHERN BOULEVARD
SUITE 201
ROYAL PALM BEACH, FL 33411

Current Mailing Address:

17166 GULF PINE CIRCLE
WELLINGTON, FL 33414

New Mailing Address:

11985 SOUTHERN BOULEVARD
SUITE 201
ROYAL PALM BEACH, FL 33411

FEI Number: 20-1051668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

GOLDFINGER, DAVID MD
11985 SOUTHERN BOULEVARD
SUITE 201
ROYAL PALM BEACH, FL 33411 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

05/01/2007

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: MGR (X) Change () Addition
Name: GOLDFINGER, DAVID M.D.
Address: 11985 SOUTHERN BOULEVARD
City-St-Zip: ROYAL PALM BEACH, FL 33411

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

I hereby certify that the information supplied with this filing does not qualify 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 MD

MGR

05/01/2007

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