

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001647

FILED  
May 27, 2007  
Secretary of State

**Entity Name:** NORTHWEST GUARDIAN ANESTHESIA SERVICES, PLLC

**Current Principal Place of Business:**

5811 PELICAN BAY BLVD.  
SUITE 209  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

5811 PELICAN BAY BLVD.  
SUITE 209  
NAPLES, FL 34108

**New Mailing Address:**

**FEI Number:** 03-0552693      **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:**

KORN, TYLER B ESQ  
5811 PELICAN BAY BLVD.  
SUITE 209  
NAPLES, FL 34108 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 ( ) Delete  
Name: FINN, DARREN S  
Address: 414 W. 24TH AVE.  
City-St-Zip: SPOKANE, WA 99203

Title: MGRM ( ) Delete  
Name: SANDERS, SUZANNE R  
Address: 414 W. 24TH AVE.  
City-St-Zip: SPOKANE, WA 99203

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FINN, DARREN S  
Address: 3408 E. 48TH CT.  
City-St-Zip: SPOKANE, WA 99223

Title: MGRM (X) Change ( ) Addition  
Name: SANDERS, SUZANNE R  
Address: 3408 E. 48TH CT.  
City-St-Zip: SPOKANE, WA 99223

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: DARREN FINN

MGRM

05/27/2007

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