

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000085722

Entity Name: WEBBER ANESTHESIA, LLC

**FILED**  
**Apr 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

26300 HICKORY BLVD. - #802  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

26300 HICKORY BLVD. - #802  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

FEI Number: 20-3414213

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEBBER, MARY E  
26300 HICKORY BLVD. - #802  
BONITA SPRINGS, FL 34134 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  
Name: WEBBER, THOMAS G MD  
Address: 26300 HICKORY BLVD. - #802  
City-St-Zip: BONITA SPRINGS, FL 34134

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: THOMAS G. WEBBER, MD

MGR

04/04/2010

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