
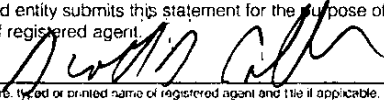


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 09, 2008 8:00 am**  
**Secretary of State**

09-09-2008 90032 009 \*\*\*138.75

<b>DOCUMENT # L06000121679</b> 1. Entity Name SOUTHERN COAST ANESTHESIA, P.L.																					
Principal Place of Business 1349 NW 80TH TERRACE PLANTATION FL 33322				Mailing Address 1349 NW 80TH TERRACE PLANTATION FL 33322																	
2. Principal Place of Business - No P.O. Box # 1791 Hwy Ala # 1303 Suite, Apt. #, etc.		3. Mailing Address 1791 Hwy Ala # 1303 Suite, Apt. #, etc.																			
City & State Indian Harbour Beach, FL Zip 32937 Country U.S.A.		City & State Indian Harbour Beach, FL Zip 32937 Country U.S.A.		4. FEI Number 20-8147368 Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				2nd MOORE CR2E083 (4/08)																	
6. Name and Address of Current Registered Agent CALLEN, SCOTT 1349 NW 80TH TERRACE PLANTATION FL 33322			7. Name and Address of New Registered Agent Name Callen, Scott Street Address (P.O. Box Number is Not Acceptable) 1791 Hwy Ala # 1303 City Indian Harbour Beach, FL Zip Code 32937																		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 8/20/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>																					
FILE NOW!!! FEE IS \$538.75 Make Check Payable to Florida Department of State Due By September 3, 2008			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 <input type="checkbox"/>																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE MGRM</td> <td style="width:70%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME CALLEN, SCOTT</td> <td></td> </tr> <tr> <td>STREET ADDRESS 1349 NW 80TH TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP PLANTATION FL 33322</td> <td></td> </tr> </table>			TITLE MGRM	<input type="checkbox"/> Delete	NAME CALLEN, SCOTT		STREET ADDRESS 1349 NW 80TH TERRACE		CITY-ST-ZIP PLANTATION FL 33322		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE MGRM</td> <td style="width:70%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME Callen, Scott</td> <td></td> </tr> <tr> <td>STREET ADDRESS 1791 Hwy Ala # 1303</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP Indian Harbour Beach, FL 32937</td> <td></td> </tr> </table>			TITLE MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Callen, Scott		STREET ADDRESS 1791 Hwy Ala # 1303		CITY-ST-ZIP Indian Harbour Beach, FL 32937	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/20/08 954-815-6531

Date

Daytime Phone #

**HERMAN MOSKOWITZ, C.P.A., P.A.** **ATTACHMENT**

500/0259

CERTIFIED PUBLIC ACCOUNTANTS

3850 HOLLYWOOD BLVD.

SUITE 204

HOLLYWOOD, FL 33021

TEL 954: 983•6500

FAX 954: 983•6155

EMAIL: HERMAN@HMOSEKOWITZCPA.COM

September 5, 2008

Division of Corporations

Annual Report Section

P.O. Box 6850

Tallahassee, FL 32314

**RE: Southern Coast Anesthesia**  
**Document #L06000121679**

Dear Sir/Madam:

As the Certified Public Accountants for the above-named entity, we are responding to the recent late notice on their behalf.

Please be advised the original notice went to the incorrect address. They have since moved to 1791 Hwy A1A, Apt #1303, in Indian Harbour Beach, FL 32937 and the annual report notice was never forward to the new address.

Enclosed is a check made payable to Florida Department of State in the amount of \$138.75.

We respectfully request a reinstatement for Southern Coast Anesthesia due to the unforeseen circumstances.

Thank you for your cooperation to this matter.

Should you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

  
Herman Moskowitz  
Certified Public Accountant

HM/mah

Enclosures (2)

cc: Southern Coast Anesthesia