

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020190

Entity Name: WATERSIDE ANESTHESIA, LLC

FILED  
Apr 13, 2008  
Secretary of State

**Current Principal Place of Business:**

1071 WATERSIDE CIRCLE  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

1071 WATERSIDE CIRCLE  
WESTON, FL 33327

**New Mailing Address:**

FEI Number: 56-2644210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MONASH, DAVID A MR  
1071 WATERSIDE CIRCLE  
WESTON, FL 33327 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: ( ) Delete

Name:

Address:

City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MRS ( ) Change (X) Addition

Name: MONASH, DAWN A SEC.

Address: 1071 WATERSIDE CIRCLE

City-St-Zip: WESTON, FL 33327 US

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: DAWN MONASH

MRS

04/13/2008

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