

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000020190

**FILED  
Apr 27, 2010  
Secretary of State**

**Entity Name:** WATERSIDE ANESTHESIA, LLC

**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: MRS  
Name: MONASH, DAWN A SEC.  
Address: 1071 WATERSIDE CIRCLE  
City-St-Zip: WESTON, FL 33327 US

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: DAVID MONASH

MR

04/27/2010

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