2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# L07000020190

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 Statues.

SIGNATURE: DAVID MONASH AGEN 02/16/2011

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