

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000048263

Entity Name: NWF ANESTHESIA, LLC

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

5 PORTOFINO DRIVE  
1203  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 763  
GULF BREEZE, FL 32592

**New Mailing Address:**

PO BOX 763  
GULF BREEZE, FL 32562

FEI Number: 26-0174050

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

YAPA, BETTY L MGMR  
5 PORTOFINO DRIVE  
1203  
GULF BREEZE, FL 32592 US

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

YAPA, BETTY L MGMR  
5 PORTOFINO DRIVE  
1203  
GULF BREEZE, FL 32561 US

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: BETTY YAPA

04/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ANDERSON-YAPA, BETTY L  
Address: PO BOX 763  
City-St-Zip: GULF BREEZE, FL 32592

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ANDERSON-YAPA, BETTY L  
Address: PO BOX 763  
City-St-Zip: GULF BREEZE, FL 32562

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: BETTY YAPA

MS

04/22/2009

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