

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

03-13-2008 90269 040 ***138.75

DOCUMENT # L07000097598

1. Entity Name
ANESTHESIA ASSOCIATES OF CAPE CORAL, LLC



Principal Place of Business
1806 MONTE VISTA ST
FT MYERS, FL 33901

Mailing Address
1806 MONTE VISTA ST
FT MYERS, FL 33901

30004708



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'MAILIA, CHERYL A
1806 MONTE VISTA ST
FT MYERS, FL 33901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
Cheryl A. O'Mailia
1806 Monte Vista St.
Fort Myers, FL 33901

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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 Cheryl A. O'Mailia / Cheryl A. O'Mailia 3/7/08 239-275-3695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #