

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099172

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: JUPITER ANESTHESIA ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

1613 N. HARRISON PKWY., SUITE 200  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

1613 N. HARRISON PKWY., SUITE 200  
SUNRISE, FL 33323

**New Mailing Address:**

FEI Number: 26-1150385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARTUS, JAY A  
1613 N. HARRISON PKWY., SUITE 200  
SUNRISE, FL 33323 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: DCEO ( ) Delete  
Name: EISENBERG, MITCHELL  
Address: 1613 N. HARRISON PKWY., SUITE 200  
City-St-Zip: SUNRISE, FL 33323

Title: DCFO ( ) Delete  
Name: COWARD, ROBERT  
Address: 1613 N. HARRISON PKWY., SUITE 200  
City-St-Zip: SUNRISE, FL 33323

Title: DP ( ) Delete  
Name: GOLD, LEWIS  
Address: 1613 N. HARRISON PKWY., SUITE 200  
City-St-Zip: SUNRISE, FL 33323

Title: SVPS ( ) Delete  
Name: MARTUS, JAY  
Address: 1613 N HARRISON PARKWAY SUITE 200  
City-St-Zip: SUNRISE, FL 33323

Title: SVP ( ) Delete  
Name: DROZDOW, GILBERT  
Address: 1613 N HARRISON PARKWAY SUITE 200  
City-St-Zip: SUNRISE, FL 33323

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAY A. MARTUS

SVPS

03/30/2009

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