

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107337

Entity Name: 1656 ANESTHESIA, LLC

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

1656 MEDICAL BLVD., SUITE 301
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1656 MEDICAL BLVD., SUITE 301
NAPLES, FL 34110

New Mailing Address:

FEI Number: 26-1615453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MECKSTROTH, STEVEN
1656 MEDICAL BLVD STE 301
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

MECKSTROTH, STEVEN
1656 MEDICAL BLVD STE 301
NAPLES, FL 34110 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: STEVEN MECKSTROTH

01/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCOTT & SUSAN WIESEN,
Address: 2186 KINGFISH ROAD
City-St-Zip: NAPLES, FL 34102

Title: MGR () Delete
Name: SAMECKSTROTH ENTERPR, ISES, LLC
Address: 212 SAN MATCO DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR () Delete
Name: WINZENRIED, GUY
Address: 1656 MEDICAL BLVD., SUITE 301
City-St-Zip: NAPLES, FL 34110

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:

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: STEVEN MECKSTROTH

MGR

01/16/2009

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