

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000107337

Entity Name: 1656 ANESTHESIA, LLC

**FILED**  
**Jan 21, 2010**  
**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:**

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

Title: MGR  
Name: SAMECKSTROTH ENTERPRISES, LLC  
Address: 212 SAN MATCO DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

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

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 Statutes.

SIGNATURE: STEVEN MECKSTROTH

MGR

01/21/2010

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