2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126692

Entity Name: FLORIDA WEST COAST ANESTHESIA ASSOCIATES, PLLC

Current Principal Place of Business:	**New Principal Place of Business:**
111 S DELAWARE AVE #4 TAMPA, FL 33606 US	

Current Mailing Address:	**New Mailing Address:**
111 S DELAWARE AVE #4 TAMPA, FL 33606 US	

FEI Number: 06-1831932   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
DILIP PATEL, PA 140 N. PINE AVENUE OLDSMAR, FL 34677 US	MICHELE MARANT 111 S DELAWARE AVE #4 TAMPA, FL 33606 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: MICHELE MARANT   01/28/2009
_____
            Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	SMITH, COURTNEY	Name:	
Address:	16605 MEADOW GROVE ST	Address:	
City-St-Zip:	TAMPA, FL 33624	City-St-Zip:	

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	MARANT, MICHELE	Name:	
Address:	111 S. DELAWARE AVE #4	Address:	
City-St-Zip:	TAMPA, FL 33606	City-St-Zip:	

Title:	MGRM (X) Delete	Title:	( ) Change ( ) Addition
Name:	NEWMAN, HEATHER	Name:	
Address:	2841 BLUE SPRINGS PLACE	Address:	
City-St-Zip:	WESLEY CHAPEL, FL 33544	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: MICHELE MARANT   MGR   01/28/2009
_____
            Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date