

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000041033

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** NEW PORT RICHEY ANESTHESIA SERVICES, LLC

**Current Principal Place of Business:**

5515 GULF DRIVE, SUITE B  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

5652 MEADOW LANE  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

5515 GULF DRIVE, SUITE B  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

5652 MEADOW LANE  
NEW PORT RICHEY, FL 34652

**FEI Number:** 26-2480725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

AYLWARD, ROBERT E  
600 S. MAGNOLIA AVE., SUITE 125  
TAMPA, FL 33606 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: MD  
Name: STAFFETTI, JOSEPH F  
Address: 5622 MARINE PKWY, #14  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: MD  
Name: MAXWELL, RENT  
Address: 5425 WATER STREET  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MD  
Name: CHOI, SANG H  
Address: 3890 TAMPA ROAD, #202  
City-St-Zip: PALM HARBOR, FL 34684

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: JOSEPH STAFFETTI

MD

04/22/2010

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