2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# L08000065120

Entity Name: NORTH SHORE ANESTHESIOLOGY PARTNERS, LLC

Current Principal Place of Business:

19543 SW 39TH STREET
MIRAMAR, FL 33029

New Principal Place of Business:

Current Mailing Address:

19543 SW 39TH STREET
MIRAMAR, FL 33029

New Mailing Address:

FEI Number: 26-2921415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LASRIS, LEE
3501 S. UNIVERSITY DRIVE
SUITE 10
DAVIE, FL 33328 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: RISI, ELIZABETH C MGR
Address: 19543 SW 39 ST
City-St-Zip: MIRAMAR, FL 33029

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: ELIZABETH RISI MGR 02/18/2009

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