

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098025

FILED
Jun 25, 2009
Secretary of State

Entity Name: ANESTHESIA ASSOCIATES OF MIAMI-DADE COUNTY, LLC

Current Principal Place of Business:

15501 N.W. 67TH AVENUE, SUITE 200
MIAMI LAKES, FL 33104

New Principal Place of Business:

Current Mailing Address:

15501 N.W. 67TH AVENUE, SUITE 200
MIAMI LAKES, FL 33104

New Mailing Address:

200 NW 130TH AVENUE
PLANTATION, FL 33325

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

B & C CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD., 21ST FLOOR
MIAMI, FL 33131 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: MGRM () Delete
Name: SCULTHORPE, ROBERT H
Address: 15501 N.W. 67TH AVENUE, SUITE 200
City-St-Zip: MIAMI LAKES, FL 33104

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCULTHORPE, ROBERT H
Address: 200 NW 130TH AVENUE
City-St-Zip: PLANTATION, FL 33325

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: ROBERT SCULTHORPE

MGRM

06/25/2009

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