

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000098025

**FILED**  
**Apr 05, 2010**  
**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:**

200 NW 130TH AVENUE  
PLANTATION, FL 33325

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

BRYAN & ASSOCIATES, P.A.  
6550 N FEDERAL HWY  
STE 240  
FORT LAUDERDALE, FL 33308 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: JAMES BRYAN

04/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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: ROBERT SCULTHORPE

MGRM

04/05/2010

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