

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000019935

**FILED**  
**Mar 08, 2010**  
**Secretary of State**

**Entity Name:** ANESTHESIA ASSOCIATES OF WESTERN FLORIDA L.L.C.

**Current Principal Place of Business:**

6333 54TH AVENUE NORTH  
S. PETERSBURG, FL 33709 US

**New Principal Place of Business:**

**Current Mailing Address:**

6333 54TH AVENUE NORTH  
S. PETERSBURG, FL 33709 US

**New Mailing Address:**

**FEI Number:** 26-4359154      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DIAZ KHALSI, VIVIANA M  
6333 54TH AVENUE NORTH  
ST. PETERSBURG, FL 33709 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:** MGR  
**Name:** HASSAN, KAZI M  
**Address:** 6333 54TH AVENUE NORTH  
**City-St-Zip:** ST. PETERSBURG, FL 33709 US

**Title:** MGR  
**Name:** NUESA, WILSON O IV  
**Address:** 6333 54TH AVENUE NORTH  
**City-St-Zip:** ST. PETERSBURG, FL 33709 US

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:** KAZI M. HASSAN

MGR

03/08/2010

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