

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000091945

FILED
Feb 11, 2010
Secretary of State

Entity Name: SOUTHERN KEYS ANESTHESIA ASSOCIATES, PLLC

Current Principal Place of Business:

1485 SEABAY RD.
WESTON, FL 33326 US

New Principal Place of Business:

5900 COLLEGE RD
KEY WEST, FL 33040 US

Current Mailing Address:

1485 SEABAY RD.
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 27-0994879 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 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
Name: SHAPIRO, JED
Address: 1485 SEABAY RD.
City-St-Zip: WESTON, FL 33326 US

Title: MGRM
Name: ANAND, NEIL
Address: 1485 SEABAY RD.
City-St-Zip: WESTON, FL 33326 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: JED SHAPIRO MGRM 02/11/2010

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