

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000091945

FILED
Apr 19, 2011
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:

Current Mailing Address:

1485 SEABAY RD.
WESTON, FL 33326 US

New Mailing Address:

1485 SEABAY RD
WESTON, FL 33326 US

FEI Number: 27-0994879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO, JED
1485 SEABAY RD
WESTON, FL 33326 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

04/19/2011

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