

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002018

FILED
May 31, 2007
Secretary of State

Entity Name: NORTHWOOD ANESTHESIA ASSOCIATES, L.L.C.

Current Principal Place of Business:

1501 SOUTH PINELLAS AVE., SUITE N
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

1501 SOUTH PINELLAS AVE., SUITE N
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 65-0909229 FEI Number Applied For () 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:

Name and Address of New Registered Agent:

WILLIAM, HARTENBACH N MD
1501 SOUTH PINELLAS AVE., SUITE N
TARPON SPRINGS, FL 34689 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SPONAUGLE, MARVIN LUTHER MD
Address: 1501 SOUTH PINELLAS AVE., SUITE N
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGR () Delete
Name: HARTENBACH, WILLIAM N MD
Address: 1501 SOUTH PINELLAS AVE., SUITE N
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM HARTENBACH, MD

PRES

05/31/2007

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