

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000002018

**FILED**  
**Jan 11, 2010**  
**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 ( )**

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

WILLIAM, HARTENBACH N MD  
1501 SOUTH PINELLAS AVE., SUITE N  
TARPON SPRINGS, FL 34689 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: SPONAUGLE, MARVIN LUTHER MD  
Address: 1501 SOUTH PINELLAS AVE., SUITE N  
City-St-Zip: TARPON SPRINGS, FL 34689

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

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: WILLIAM N HARTENBACH MD

MGR

01/11/2010

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