

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002018

FILED
Feb 16, 2011
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:

2154 DUCK SLOUGH BLVD., SUITE 101
TRINITY, FL 34655

Current Mailing Address:

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

New Mailing Address:

2154 DUCK SLOUGH BLVD., SUITE 101
TRINITY, FL 34655

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:

HARTENBACH, WILLIAM N MD
2154 DUCK SLOUGH BLVD., SUITE 101
TRINITY, FL 34655 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: WILLIAM N HARTENBACH MD

02/16/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: HARTENBACH, WILLIAM N MD
Address: 2154 DUCK SLOUGH BLVD., SUITE 101
City-St-Zip: TRINITY, FL 34655

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

PRES

02/16/2011

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