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**Mar 09, 1999 8:00 am**  
**Secretary of State**

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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 642473**

1. Corporation Name

**MARTIN COUNTY ANESTHESIA GROUP, P.A.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>421 E OSCEOLA #3 POB 868 STUART FL 34994 US</b>		Mailing Address <b>421 E OSCEOLA POB 868 STUART FL 34995</b>	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent <b>GARDNER, ALBERT E 421 E OSCEOLA POB 868 STUART FL 34995</b>			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT	1.1 TITLE	
NAME	MCLAIN, GEORGE E	1.2 NAME	
STREET ADDRESS	421 E OSCEOLA	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	GARDNER, ALBERT E	2.2 NAME	
STREET ADDRESS	421 E OSCEOLA	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	PERLMAN, MARK L.	3.2 NAME	
STREET ADDRESS	421 E OSCEOLA	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99 561 286-0338  
Date Daytime Phone #

CR2E014 (11/98)