

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90075 025 ***150.00

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1. Entity Name
MARTIN COUNTY ANESTHESIA GROUP, P.A.



Principal Place of Business
**421 E OSCEOLA #3
POB 868
STUART, FL 34994 US**

Mailing Address
**421 E OSCEOLA
POB 868
STUART, FL 34995**

40010010



03092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1931735

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARDNER, ALBERT E
421 E OSCEOLA POB 868
STUART, FL 34995**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
MCLAIN, GEORGE E
421 E OSCEOLA
STUART, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GARDNER, ALBERT E
421 E OSCEOLA
STUART, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PERLMAN, MARK L.
421 E. OSCEOLA
STUART, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

3/31/05

772 286-0337