


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 8:00 am
Secretary of State

02-16-2006 90043 025 ***150.00

DOCUMENT # 642473 1. Entity Name MARTIN COUNTY ANESTHESIA GROUP, P.A.	
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Principal Place of Business 421 E OSCEOLA #3 POB 868 STUART, FL 34994 US	Mailing Address 421 E OSCEOLA POB 868 STUART, FL 34995
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01202005 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1931735	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and state if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 exemptions contained in Chapter 119, 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 #

3/2/06 772
286-2804

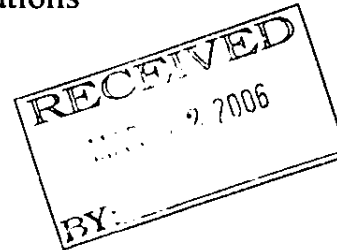
Attachment



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006



MARTIN COUNTY ANESTHESIA GROUP, P.A.
421 E OSCEOLA
POB 868
STUART, FL 34995

Subject: MARTIN COUNTY ANESTHESIA GROUP, P.A.

Reference Number:

642473

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD

ANNUAL REPORTS SECTION