

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 642473

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**



03162007 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000685029
04/06/07-80056-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE	VT
NAME	MCLAIN, GEORGE E
STREET ADDRESS	421 E OSCEOLA
CITY-ST-ZIP	STUART, FL
TITLE	PD
NAME	GARDNER, ALBERT E
STREET ADDRESS	421 E OSCEOLA
CITY-ST-ZIP	STUART, FL
TITLE	S
NAME	PERLMAN, MARK L.
STREET ADDRESS	421 E. OSCEOLA
CITY-ST-ZIP	STUART, FL
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 #