

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 A
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



03032008 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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000847866
03/19/08-80037-008 150.00

**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 #

3-3-08

172 286-2904