

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 642473

FILED  
Mar 12, 2009  
Secretary of State

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

## Current Principal Place of Business:

421 E OSCEOLA #3  
POB 868  
STUART, FL 34994 US

## New Principal Place of Business:

421 E OSCEOLA ST  
SUITE 3  
STUART, FL 34994 US

## Current Mailing Address:

421 E OSCEOLA  
POB 868  
STUART, FL 34995

## New Mailing Address:

FEI Number: 59-1931735      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

GARDNER, ALBERT E  
421 E OSCEOLA STREET  
SUITE 3  
STUART, FL 34994 US

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.

SIGNATURE:

03/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VT ( ) Delete  
Name: MCLAIN, GEORGE E,  
Address: 421 E OSCEOLA  
City-St-Zip: STUART, FL

Title: PD ( ) Delete  
Name: GARDNER, ALBERT E,  
Address: 421 E OSCEOLA  
City-St-Zip: STUART, FL

Title: S ( ) Delete  
Name: PERLMAN, MARK L.,  
Address: 421 E. OSCEOLA  
City-St-Zip: STUART, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: MCLAIN, GEORGE E,  
Address: 421 E OSCEOLA  
City-St-Zip: STUART, FL 34994

Title: PD (X) Change ( ) Addition  
Name: GARDNER, ALBERT E,  
Address: 421 E OSCEOLA  
City-St-Zip: STUART, FL 34994

Title: S (X) Change ( ) Addition  
Name: PERLMAN, MARK L.,  
Address: 421 E. OSCEOLA  
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT E. GARDNER, MD

PRES

03/12/2009

Electronic Signature of Signing Officer or Director

Date