

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 642473

FILED  
Jan 11, 2012  
Secretary of State

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

**Current Principal Place of Business:**

725 E OSCEOLA ST.  
STUART, FL 34994 US

**New Principal Place of Business:**

725 E OSCEOLA ST.  
SUITE 2  
STUART, FL 34994 US

**Current Mailing Address:**

421 E OSCEOLA  
PO BOX 380  
OCALA, FL 34478

**New Mailing Address:**

725 E OSCEOLA ST.  
SUITE 2  
STUART, FL 34994 US

**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  
725 E OSCEOLA ST.  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

GARDNER, ALBERT E  
725 E OSCEOLA ST.  
SUITE 2  
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:

01/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: MCLAIN, GEORGE E  
Address: 3245 SW 34TH ST  
City-St-Zip: OCALA, FL 34474 US

Title: PD  
Name: GARDNER, ALBERT E  
Address: 3245 SW 34TH ST  
City-St-Zip: OCALA, FL 34474 US

Title: S  
Name: PERLMAN, MARK L.  
Address: 3245 SW 34TH ST  
City-St-Zip: OCALA, FL 34474 US

I hereby 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 all other like empowered.

SIGNATURE: ALBERT E GARDNER, MD

PRES

01/11/2012

Electronic Signature of Signing Officer or Director

Date