## 2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 642473** 

FILED Aug 29, 2012 Secretary of State

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

**New Principal Place of Business: Current Principal Place of Business:** 

725 E OSCEOLA ST.

SUITE 2

STUART, FL 34994

**Current Mailing Address: New Mailing Address:** 

725 E OSCEOLA ST. 3245 SW 34TH ST

SUITE 2 OCALA, FL 34474 US 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: Name and Address of New Registered Agent:

GARDNER, ALBERT E FOX, M LANNING 725 E OSCEOLA ST. 3473 SE WILLOUGHBY BLVD SUITE 2

STUART, FL 34994 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: M LANNING FOX 08/29/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

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

Title: VP/D

Name: HARRIS, DAVID 3245 SW 34TH ST Address: OCALA, FL 34474 US City-St-Zip:

Title: T/D

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

Title: S/D

SWARTZ, SIDNEY D Name: Address: 3245 SW 34TH ST City-St-Zip: OCALA, FL 34474

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.

Ρ SIGNATURE: GEORGE E MCLAIN JR 08/29/2012