


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000010281</b> 1. Entity Name <b>RURAL ANESTHESIA ASSOCIATES, L.L.C.</b>					
Principal Place of Business <b>20538 KEATON BEACH RD PERRY FL 32348</b>			Mailing Address <b>20538 KEATON BEACH RD PERRY FL 32348</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3677757</b>	
6. Name and Address of Current Registered Agent  <b>MEREDITH, DIANNE J 20538 KEATON BEACH RD PERRY FL 32348</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				MOORE CR2E083 (11/03)	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE	NAME	Delete	TITLE	NAME	Delete
NAME	MEREDITH, DIANNE J	<input type="checkbox"/>	NAME		<input type="checkbox"/>
STREET ADDRESS	20538 KEATON BEACH RD.		STREET ADDRESS		
CITY-ST-ZIP	PERRY FL 32348		CITY-ST-ZIP		
TITLE	NAME	Delete	TITLE	NAME	Delete
NAME		<input type="checkbox"/>	NAME		<input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	Delete	TITLE	NAME	Delete
NAME		<input type="checkbox"/>	NAME		<input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	Delete	TITLE	NAME	Delete
NAME		<input type="checkbox"/>	NAME		<input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	Delete	TITLE	NAME	Delete
NAME		<input type="checkbox"/>	NAME		<input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	Delete	TITLE	NAME	Delete
NAME		<input type="checkbox"/>	NAME		<input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



MOORE CR2E083 (11/03)

4. FEI Number **59-3677757**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEREDITH, DIANNE J  
20538 KEATON BEACH RD  
PERRY FL 32348

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	Delete	TITLE	NAME	Delete
NAME	MEREDITH, DIANNE J	<input type="checkbox"/>	NAME		<input type="checkbox"/>
STREET ADDRESS	20538 KEATON BEACH RD.		STREET ADDRESS		
CITY-ST-ZIP	PERRY FL 32348		CITY-ST-ZIP		
TITLE	NAME	Delete	TITLE	NAME	Delete
NAME		<input type="checkbox"/>	NAME		<input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	Delete	TITLE	NAME	Delete
NAME		<input type="checkbox"/>	NAME		<input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	Delete	TITLE	NAME	Delete
NAME		<input type="checkbox"/>	NAME		<input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	Delete	TITLE	NAME	Delete
NAME		<input type="checkbox"/>	NAME		<input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	Delete	TITLE	NAME	Delete
NAME		<input type="checkbox"/>	NAME		<input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

00000037660  
02/06/04-80107-007 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/1/04 850 578-2100