

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015399

1. Entity Name

MARTIN COUNTY ANESTHESIA GROUP, PL

Principal Place of Business

Mailing Address

2. Principal Place of Business

421 E. OSCEOLA STREET

3. Mailing Address

P.O. Box 868

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

STUART, FL

Zip

34994

Country

USA

Zip

34995

Country

USA

4. FEI Number

65-1061717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAR 15 PM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Albert E. GARDNER, M.D.

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

421 E OSCEOLA ST

Suite 3

City

STUART

FL

Zip Code

34994

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.

SIGNATURE

*Albert E. Gardner MD President*

3/1/01

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 Department of State

100003888471--3

-03/20/01-01081-001

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

*Albert E. Gardner MD*

2/28/01

Date

561-286-0338

Daytime Phone #

CR2E083 (11/00)