

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90493 010 ***150.00

DOCUMENT # L00000015399

1. Entity Name
MARTIN COUNTY ANESTHESIA GROUP, PL



Principal Place of Business
421 E. OSCEOLA STREET
STUART, FL 34994

Mailing Address
PO BOX 868
STUART, FL 34995



02272004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1061717	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

GARDNER, ALBERT E
421 E OSCEOLA ST. STE 3
STUART, FL 34995

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARDNER, ALBERT E 421 E OSCEOLA ST, STE 3 STUART, FL
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCLAIN, GEORGE E 421 E OSCEOLA ST, STE 3 STUART, FL
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PERLMAN, MARK L 421 E OSCEOLA ST, STE 3 STUART, FL
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

3/17/04

Date

772 286-0538

Daytime Phone #