

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90431 035 ***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**



03092005 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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	GARDNER, ALBERT E
STREET ADDRESS	421 E OSCEOLA ST, STE 3
CITY-ST-ZIP	STUART, FL
TITLE	V
NAME	MCCLAIN, GEORGE E
STREET ADDRESS	421 E OSCEOLA ST, STE 3
CITY-ST-ZIP	STUART, FL
TITLE	ST
NAME	PERLMAN, MARK L
STREET ADDRESS	421 E OSCEOLA ST, STE 3
CITY-ST-ZIP	STUART, FL
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

Date

Daytime Phone #

3/31/05

772 281-0322