


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 8:00 am
Secretary of State

02-16-2006 90145 003 ***150.00

DOCUMENT # L00000015399 1. Entity Name MARTIN COUNTY ANESTHESIA GROUP, PL	
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Principal Place of Business 421 E. OSCEOLA STREET STUART, FL 34994	Mailing Address PO BOX 868 STUART, FL 34995
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30001843



01202006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1061717	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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
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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 relinquishing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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
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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 exemptions contained in Chapter 119, 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 #

3/2/06

772
286-2904

Attachment



30001843

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

MARTIN COUNTY ANESTHESIA GROUP, PL
PO BOX 868
STUART, FL 34995

Subject: MARTIN COUNTY ANESTHESIA GROUP, PL

Reference Number: **L00000015399**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION