

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

C Corp.
FILED
Apr 02, 2007 08:00 AM
Secretary of State

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**



03162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-1061717 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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 translating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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 | |

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04/09/07-80002-004 50.00

**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 # _____