


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 A
Secretary of State

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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03032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1061717	Applied For 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 reinstating)

DATE

03/20/08-80021-007 138.75

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

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

3-3-08

772 286-2904