

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015399

FILED
Mar 12, 2009
Secretary of State

Entity Name: MARTIN COUNTY ANESTHESIA GROUP, PL

Current Principal Place of Business:

421 E. OSCEOLA STREET
STUART, FL 34994

New Principal Place of Business:

421 E. OSCEOLA STREET
SUITE 3
STUART, FL 34994

Current Mailing Address:

PO BOX 868
STUART, FL 34995

New Mailing Address:

FEI Number: 65-1061717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: GARDNER, ALBERT E
Address: 421 E OSCEOLA ST, STE 3
City-St-Zip: STUART, FL

Title: V () Delete
Name: MCCLAIN, GEORGE E
Address: 421 E OSCEOLA ST, STE 3
City-St-Zip: STUART, FL

Title: ST () Delete
Name: PERLMAN, MARK L
Address: 421 E OSCEOLA ST, STE 3
City-St-Zip: STUART, FL

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MCLAIN, GEORGE E
Address: 421 E OSCEOLA ST, STE 3
City-St-Zip: STUART, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALBERT E. GARDNER, MD

PRES

03/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date