

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015399

FILED  
Apr 05, 2010  
Secretary of State

**Entity Name:** MARTIN COUNTY ANESTHESIA GROUP, PL

**Current Principal Place of Business:**

421 E. OSCEOLA STREET  
SUITE 3  
STUART, FL 34994

**New Principal Place of Business:**

200 SE HOSPITAL AVE  
STUART, FL 34994

**Current Mailing Address:**

PO BOX 868  
STUART, FL 34995

**New Mailing Address:**

PO BOX 380  
OCALA, FL 34478 US

**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:**

GARDNER, ALBERT E  
725 SE OSCEOLA ST.  
STUART, FL 34994 US

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: ALBERT E GARDNER, MD

04/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: GARDNER, ALBERT E  
Address: P.O. BOX 380  
City-St-Zip: OCALA, FL 34478 US

Title: V  
Name: MCLAIN, GEORGE E  
Address: P.O. BOX 380  
City-St-Zip: OCALA, FL 34478 US

Title: ST  
Name: PERLMAN, MARK L  
Address: P.O. BOX 380  
City-St-Zip: OCALA, FL 34478 US

I hereby 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

04/05/2010

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