
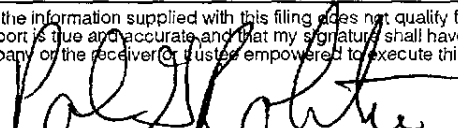


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 21 2005 08:00 AM**  
**Secretary of State**  
**JAN 24 2005**

<b>DOCUMENT # L02000020013</b> 1. Entity Name <b>VENICE CARDIOVASCULAR ANESTHESIA ASSOCIATES, PLLC</b>					
Principal Place of Business <b>1511 S.W. FIRST AVENUE OCALA FL 34474</b>			Mailing Address <b>PO DRAWER 3130 OCALA FL 34478</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>06-1643841</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ROBERTIE, PAUL G M.D. 1511 S.W. FIRST AVENUE OCALA FL 34474</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PALMIRE, VINCENT C</b>		NAME		
STREET ADDRESS	<b>1511 SW 1ST AVENUE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>OCALA FL 34474</b>		CITY - ST - ZIP	<b>U000000271949 03/21/05-80067-007 50.00</b>	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ROBERTIE, PAUL G</b>		NAME		
STREET ADDRESS	<b>1511 SW 1ST AVEUE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>OCALA FL 34474</b>		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SULLIVAN, DANIEL B</b>		NAME		
STREET ADDRESS	<b>1511 SW 1ST AVE.</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>OCALA FL 34474</b>		CITY - ST - ZIP		
TITLE	2V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HARRISON, LAWRENCE R</b>		NAME		
STREET ADDRESS	<b>1511 SW 1ST AVE.</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>OCALA FL 34474</b>		CITY - ST - ZIP		
TITLE	2V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SCHRULKKNIGHT, STEPHEN</b>		NAME		
STREET ADDRESS	<b>1511 SW 1ST AVE.</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>OCALA FL 34474</b>		CITY - ST - ZIP		
TITLE	2V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MIKOWSKI, MICHAEL S</b>		NAME		
STREET ADDRESS	<b>1511 SW 1ST AVE.</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>OCALA FL 34474</b>		CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> 			<b>352-867-8311</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					