

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90242 018 \*\*\*\*50.00

**DOCUMENT # L02000020017**

1. Entity Name

**CITRUS CARDIOVASCULAR ANESTHESIA ASSOCIATES, PLLC**



Principal Place of Business

**1511 S.W. FIRST AVENUE  
OCALA FL 34474**

Mailing Address

**1511 S.W. FIRST AVENUE  
OCALA FL 34474**

**20024233**



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**06-1643831**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROBERTIE, PAUL G M.D.  
1511 S.W. FIRST AVENUE  
OCALA FL 34474**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **D** ☐ Delete  
NAME **PALMIRE, VINCENT C**  
STREET ADDRESS **1511 SW 1ST AVENUE**  
CITY-ST-ZIP **OCALA FL 34474**

TITLE **D** ☐ Delete  
NAME **ROBERTIE, PAUL G**  
STREET ADDRESS **1511 SW 1ST AVENUE**  
CITY-ST-ZIP **OCALA FL 34474**

TITLE **V** ☐ Delete  
NAME **SULLIVAN, DANIEL B**  
STREET ADDRESS **1511 SW 1ST AVE.**  
CITY-ST-ZIP **OCALA FL 34474**

TITLE **V** ☐ Delete  
NAME **HARRISON, LAWRENCE R**  
STREET ADDRESS **1511 SW 1ST AVE.**  
CITY-ST-ZIP **OCALA FL 34474**

TITLE **V** ☐ Delete  
NAME **SCHWRIKKNIGHT, STEPHEN**  
STREET ADDRESS **1511 SW 1ST AVE.**  
CITY-ST-ZIP **OCALA FL 34474**

TITLE **V** ☐ Delete  
NAME **MIKOWSKY, MICHAEL S**  
STREET ADDRESS **1511 SW 1ST AVE.**  
CITY-ST-ZIP **OCALA FL 34474**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **Robertie**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **Schuriknight**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **Mikowski**  
STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**352-867-8311**