

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1643831

Applied For
Not Applicable

Zip

Country

Zip

Country

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMIRE, VINCENT C 1511 SW 1ST AVENUE OCALA FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTRE, PAUL G 1511 SW 1ST AVENUE OCALA FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SULLIVAN, DANIEL B 1511 SW 1ST AVE. OCALA FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRISON, LAWRENCE R 1511 SW 1ST AVE. OCALA FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHWRIKNIGHT, STEPHEN 1511 SW 1ST AVE. OCALA FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIKOWSKY, MICHAEL S 1511 SW 1ST AVE. OCALA FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

362-861-8311

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

Date

Daytime Phone #