2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State
02-24-2006 90243 027 ****50.00

DOCUMENT # L02000020017

1. Entity Name
CITRUS CARDIOVASCULAR ANESTHESIA ASSOCIATES, PLLC

20010222

Principal Place of Business	Mailing Address
1511 S.W. FIRST AVENUE OCALA, FL 34474	1511 S.W. FIRST AVENUE OCALA, FL 34474

01102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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	7. Name and Address of New Registered Agent
ROBERTIE, PAUL G M.D. 1511 S.W. FIRST AVENUE OCALA, FL 34474	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTIE, PAUL G 1511 SW 1ST AVENUE OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SULLIVAN, DANIEL B 1511 SW 1ST AVE. OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HARRISON, LAWRENCE R 1511 SW 1ST AVE. OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEE attached list	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHURLKNIGHT, STEPHEN 1511 SW 1ST AVE OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MIKOWSKI, MICHEAL 1511 SW 1ST AVE. OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MICHAEL	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 02/15/06 352-867-8311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT

DOCUMENT # L02000020017
CITRUS CARDIOVASCULAR ANESTHESIA ASSOCIATES, PLLC
20010222

OFFICERS & DIRECTORS

(ST) ROBERTIE, Paul G.
1511 SW 1st Avenue
Ocala, FL 34474

(P) PALMIRE, Vincent C.
1511 SW 1st Avenue
Ocala, FL 34474

(V) SULLIVAN, Daniel B.
1511 SW 1st Avenue
Ocala, FL 34474

(V) HARRISON, Lawrence R.
1511 SW 1st Avenue
Ocala, FL 34474

(V) SCHURLKNIGHT, Stephen
1511 SW 1st Avenue
Ocala, FL 34474

(V) MIKOWSKI, S. Michael
1511 SW 1st Avenue
Ocala, FL 34474

(V) DEPUTAT, Mikhail
1511 SW 1st Avenue
Ocala, FL 34474

Prepared by Melody A. Williams
Attachment to 2006 For Profit Corporation Annual Report
January 10, 2006
G:\1Management\Annual Reports\Citrus Cardiovascular Anesthesia Associates PLLC.doc