2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# L02000020017

Entity Name: CITRUS CARDIOVASCULAR ANESTHESIA ASSOCIATES, PLLC

Current Principal Place of Business:

1511 S.W. FIRST AVENUE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

1511 S.W. FIRST AVENUE
OCALA, FL 34474

New Mailing Address:

FEI Number: 06-1643831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	D	( ) Delete
Name:	PALMIRE, VINCENT C	
Address:	1511 SW 1ST AVENUE	
City-St-Zip:	OCALA, FL 34474	
Title:	D	( ) Delete
Name:	ROBERTIE, PAUL G	
Address:	1511 SW 1ST AVENUE	
City-St-Zip:	OCALA, FL 34474	
Title:	V	( ) Delete
Name:	SULLIVAN, DANIEL B	
Address:	1511 SW 1ST AVE.	
City-St-Zip:	OCALA, FL 34474	
Title:	V	( ) Delete
Name:	HARRISON, LAWRENCE R	
Address:	1511 SW 1ST AVE.	
City-St-Zip:	OCALA, FL 34474	
Title:	V	( ) Delete
Name:	ELHOUSY, ABDEL H	
Address:	1511 SW 1ST AVE	
City-St-Zip:	OCALA, FL 34474	
Title:	V	( ) Delete
Name:	MIKOWSKI, MICHAEL	
Address:	1511 SW 1ST AVE.	
City-St-Zip:	OCALA, FL 34474	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PALMIRE DR 04/21/2008

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