

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020017

FILED
Mar 12, 2010
Secretary of State

Entity Name: CITRUS CARDIOVASCULAR ANESTHESIA ASSOCIATES, PLLC

Current Principal Place of Business:

1511 S.W. FIRST AVENUE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3130
OCALA, FL 34478

New Mailing Address:

P.O. DRAWER 3130
OCALA, FL 34478 31

FEI Number: 06-1643831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTES, JOSE ESQ
4 SE BROADWAY
OCALA, FL 34471 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: MGR
Name: PALMIRE, VINCENT C M.D.
Address: 1511 SW 1ST AVENUE
City-St-Zip: Ocala, FL 34471 US

Title: MGR
Name: ROBERTIE, PAUL G M.D.
Address: 1511 SW 1ST AVENUE
City-St-Zip: Ocala, FL 34471 US

Title: MGR
Name: MIKOWSKI, S MICHAEL D.O
Address: 1511 SW 1ST AVE.
City-St-Zip: Ocala, FL 34471 US

Title: MGR
Name: HARRISON, LAWRENCE R M.D
Address: 1511 SW 1ST AVE.
City-St-Zip: Ocala, FL 34471 US

Title: MGR
Name: ELHOUSY, ABDEL H M.D.
Address: 1511 SW 1ST AVE
City-St-Zip: Ocala, FL 34471 US

Title: MGR
Name: DEPUTAT, MIKHAIL M.D.
Address: 1511 SW 1ST AVE.
City-St-Zip: Ocala, FL 34471 US

I hereby 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: VINCENT C. PALMIRE, M.D.

MGR

03/12/2010

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