## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L02000022596

1. Entity Name

CARDIOVASCULAR ANESTHESIA CONSULTANTS OF CENTRAL FLORIDA, PLLC



FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

1511 S.W. FIRST AVE. OCALA, FL 34474

Mailing Address

PO DRAWER 3130 OCALA, FL 34478



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2294500 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 AVE. OCALA, FL 34474

## DO NOT WRITE IN THIS SPACE

		IN THIS SPACE
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
Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMIRE, VINCENT C 1511 SW 1ST AVE. OCALA, FL 34474	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTIE, PAUL G 1511 SW 1ST AVE. OCALA, FL 34474	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE

U00000743725 05/15/07-80121-003 50.00

11. I hereby certify that the information supplied with this filling 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 this 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 suppowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

03/19/2007

352-867-8311

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

Date

Daytime Phone #