

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000022596

**FILED**  
**Mar 12, 2010**  
**Secretary of State**

**Entity Name:** CARDIOVASCULAR ANESTHESIA CONSULTANTS OF CENTRAL FLORIDA, PLLC

**Current Principal Place of Business:**

1511 S.W. FIRST AVE.  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO DRAWER 3130  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 56-2294500

**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 AVE.  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

CORTES, JOSE ESQ  
BLANCHARD MERRIAM ADEL & KIRKLAND  
4 SE BROADWAY  
OCALA, FL 34471 US

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: JOSE CORTES, ESQ

03/12/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PALMIRE, VINCENT C MD  
Address: 1511 SW 1ST AVE.  
City-St-Zip: OCALA, FL 34471 US

Title: MGRM  
Name: ROBERTIE, PAUL G MD  
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.

MGRM

03/12/2010

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