

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90415 031 ****50.00

DOCUMENT # L03000006158
 1. Entity Name
 MARION ANESTHESIOLOGY CONSULTANTS, L.L.C.



Principal Place of Business
 2347 S.E. 17TH STREET
 OCALA, FL 32671

Mailing Address
 2347 S.E. 17TH STREET
 OCALA, FL 32671

24044370



2. Principal Place of Business
 1431 SW 157 Avenue
 Suite, Apt. #, etc.
 PO Box 2200

3. Mailing Address
 3220 SW 80th Avenue
 Suite, Apt. #, etc.

02232004 Chg-LLC CR2E083 (10/03)

City & State
 Ocala Florida

City & State
 Ocala Florida

Zip
 34478

Country
 USA

Zip
 34481

Country
 USA

4. FEI Number
 16-1654938

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 GLASSMAN, ALAN S
 1245 COURT STREET, SUITE 102
 CLEARWATER, FL 33756

7. Name and Address of New Registered Agent
 Name
 Gene Turner
 Street Address (P.O. Box Number is Not Acceptable)
 3220 SW 80th Avenue
 City
 Ocala FL Zip Code
 34481

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 Gene Turner managing member 4/13/04
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNER, GENE 3373 S.W. 51ST TERRACE OCALA, FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Turner, Gene 3220 SW 80th Avenue Ocala FL 34481	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Gene Turner 4/13/04 352-598-4320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #