


**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 *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 *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 #