

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006158

**FILED**  
**Mar 07, 2010**  
**Secretary of State**

**Entity Name:** MARION ANESTHESIOLOGY CONSULTANTS, L.L.C.

**Current Principal Place of Business:**

1515 E SILVER SPRINGS BVD  
SUITE 132  
OCALA, FL 34471

**New Principal Place of Business:**

3220 SW 80TH AVE  
OCALA, FL 34481

**Current Mailing Address:**

3220 SW 80TH AVE  
OCALA, FL 34481

**New Mailing Address:**

FEI Number: 16-1654938

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TURNER, GENE  
3220 SW 80TH AVE  
OCALA, FL 34481 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: TURNER, GENE  
Address: 3220 SW 80TH AVE  
City-St-Zip: Ocala, FL 34481

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: GENE TURNER

MGR

03/07/2010

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