


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90099 006 ****50.00

DOCUMENT # L03000028664 1. Entity Name WINTER HAVEN CARDIOVASCULAR ANESTHESIA ASSOCIATES, PLLC					
Principal Place of Business 1511 S.W. FIRST AVENUE OCALA FL 34474				Mailing Address 1511 S.W. FIRST AVENUE OCALA FL 34474	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Drawer 3130 Suite, Apt. #, etc.			
City & State		City & State Ocala, FL		4. FEI Number 65-6415478	
Zip 34478		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERTIE, PAUL G M.D. 1511 S.W. FIRST AVENUE OCALA FL 34474				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		DP Palmire, Vincent 1511 SW 1st Avenue Ocala, FL 34474	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		DY Robertie, Paul G 1511 SW 1st Avenue Ocala, FL 34474	<input type="checkbox"/> Change <input checked="" 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: <i>Paul G Robertie</i> 2/14/04 352-867-8311 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					