

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Apr 28, 2005 8:00 am
Secretary of State

03-23-2005 90242 017 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L03000052206 1. Entity Name LAKE COUNTY ANESTHESIA ASSOCIATES, PLLC					
Principal Place of Business 1511 SW FIRST AVE OCALA FL 34478			Mailing Address 1511 SW FIRST AVE OCALA FL 34478		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBERTIE, PAUL G M.D. 1511 SW 1ST AVENUE OCALA FL 34474			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>					
			FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	P		TITLE		
NAME	PALMIRE, VINCENT JR		NAME		
STREET ADDRESS	1511 SW 1ST AVENUE		STREET ADDRESS		
CITY - ST - ZIP	OCALA FL 34474		CITY - ST - ZIP		
TITLE	VP		TITLE		
NAME	ROBERTIE, PAUL G MD		NAME		
STREET ADDRESS	1511 SW 1ST AVENUE		STREET ADDRESS		
CITY - ST - ZIP	OCALA FL 34474		CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME	OWNER Manager	
STREET ADDRESS			STREET ADDRESS	CARDIOVASCULAR Anesthesia	
CITY - ST - ZIP			CITY - ST - ZIP	Consultants of Central	
TITLE			TITLE	Florida, Pllc	
NAME			NAME	1511 SW 1st Avenue	
STREET ADDRESS			STREET ADDRESS	Ocala, FL 34474	
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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:			352-867-8311		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		