

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052206

FILED
Apr 08, 2009
Secretary of State

Entity Name: LAKE COUNTY ANESTHESIA ASSOCIATES, PLLC

Current Principal Place of Business:

1511 SW FIRST AVE
OCALA, FL 34478

New Principal Place of Business:

1511 SW FIRST AVE
OCALA, FL 34471 US

Current Mailing Address:

P.O. BOX 3130
OCALA, FL 34478

New Mailing Address:

P.O. BOX 3130
OCALA, FL 34478 US

FEI Number: 56-2294500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTIE, PAUL G M.D.
1511 SW 1ST AVENUE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

CORTES, JOSE H ESQ
4 SE BROADWAY
OCALA, FL 34471 US

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: JOSE H. CORTES, ESQ

04/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: PALMIRE, VINCENT JR
Address: 1511 SW 1ST AVENUE
City-St-Zip: Ocala, FL 34474

Title: VP () Delete
Name: ROBERTIE, PAUL G MD
Address: 1511 SW 1ST AVENUE
City-St-Zip: Ocala, FL 34474

Title: MGR () Delete
Name: CARDIOVASCULAR ANESTHESIA CONSULTANTS
Address: 1511 SW 1ST AVE
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PALMIRE, VINCENT MD
Address: 1511 SW 1ST AVENUE
City-St-Zip: Ocala, FL 34471 US

Title: MGR (X) Change () Addition
Name: ROBERTIE, PAUL G MD
Address: 1511 SW 1ST AVENUE
City-St-Zip: Ocala, FL 34471 US

Title: MGR (X) Change () Addition
Name: CARDIOVASCULAR ANESTHESIA CONSULTANTS
Address: 1511 SW 1ST AVE
City-St-Zip: Ocala, FL 34471 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: VINCENT PALMIRE, M.D.

MGR

04/08/2009

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