


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90034 001 ****55.00

DOCUMENT # L04000011627 1. Entity Name OCALA REGIONAL MEDICAL CENTER ANESTHESIOLOGY, L.L.C.					
Principal Place of Business 1515 E. SILVER SPRINGS BLVD. SUITE 132 OCALA, FL 34470			Mailing Address 1515 E. SILVER SPRINGS BLVD. SUITE 132 OCALA, FL 34470		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 90-0143960	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GASSMAN, ALAN S 1245 COURT ST, STE 102 CLEARWATER, FL 33756					
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Filing Fee is \$50.00 Due by September 7, 2005 </div> <div style="width: 30%; text-align: center;"> Make check payable to Florida Department of State </div> </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ORLANDO Garcia Piedra MD <input checked="" type="checkbox"/> Delete 820 S.E. 5th St. Ocala, Florida 34471		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Daniel H. Mecca MD 1515 E Silver Springs Blvd Suite 132 Ocala, Florida 34470	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Eugene Turner MD 1515 E Silver Springs Blvd. Suite 132 Ocala, Florida 34470	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Timothy T. Reed MD 1515 E Silver Springs Blvd. Suite 132 Ocala, Florida 34470	
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	
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>Daniel Mecca MD</i> Managing Member 7/28/05 352-351-0522 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					