

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

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



04112006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
90-0143960

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GASSMAN, ALAN S  
1245 COURT ST, STE 102  
CLEARWATER, FL 33756

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

11000007508923  
04/28/06-80024-020 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME MECCE, DANIEL A M.D.  
STREET ADDRESS 1515 E SILVER SPRINGS BOULEVARD SUITE 132  
CITY-ST-ZIP OCALA, FL 34470

TITLE MGR  
NAME TURNER, EUGENE M.D.  
STREET ADDRESS 1515 E SILVER SPRINGS BOULEVARD SUITE 132  
CITY-ST-ZIP OCALA, FL 34470

TITLE MGR  
NAME REED, TIMOTHY T M.D.  
STREET ADDRESS 1515 E SILVER SPRINGS BOULEVARD SUITE 132  
CITY-ST-ZIP OCALA, FL 34470

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #