

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 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



04252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 90-0143960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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
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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) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MECCE, DANIEL A M.D. 1515 E SILVER SPRINGS BOULEVARD SUITE 132 OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNER, EUGENE M.D. 1515 E SILVER SPRINGS BOULEVARD SUITE 132 OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DARLING, JAMES W MD 1515 E SILVER SPRINGS BOULEVARD SUITE 132 OCALA, FL 34470
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**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: *David P. Taylor Business Manager* 4/28/08

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