

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011627

FILED
May 01, 2009
Secretary of State

Entity Name: OCALA REGIONAL MEDICAL CENTER ANESTHESIOLOGY, L.L.C.

Current Principal Place of Business:

1515 E. SILVER SPRINGS BLVD.
SUITE 132
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

1515 E. SILVER SPRINGS BLVD.
SUITE 132
OCALA, FL 34470

New Mailing Address:

FEI Number: 90-0143960 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MECCE, DANIEL A M.D.
Address: 1515 E SILVER SPRINGS BOULEVARD SUITE 132
City-St-Zip: OCALA, FL 34470

Title: MGR () Delete
Name: TURNER, EUGENE M.D.
Address: 1515 E SILVER SPRINGS BOULEVARD SUITE 132
City-St-Zip: OCALA, FL 34470

Title: MGR () Delete
Name: DARLING, JAMES W MD
Address: 1515 E SILVER SPRINGS BOULEVARD SUITE 132
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DANIEL MECCA, M.D.

MGRM

05/01/2009

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