


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90243 025 ****50.00

DOCUMENT # L05000067277 1. Entity Name STUART CARDIOVASCULAR ANESTHESIA ASSOCIATES, PLLC					
Principal Place of Business 1511 SW 1ST AVENUE OCALA, FL 34474			Mailing Address 1511 SW 1ST AVENUE OCALA, FL 34474		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address P.O. Drawer 3130 Suite, Apt. #, etc.		
City & State Ocala FL			4. FEI Number 20-3115356		
Zip 34474		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORTES, JOSE H JR ESQ 4 S.E. BROADWAY OCALA, FL 34471				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALMIRE, VINCENT C M.D. 1511 SW 1ST AVENUE OCALA, FL 34474	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTIE, PAUL G M.D. 1511 SW 1ST AVENUE OCALA, FL 34474	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 606, Florida Statutes.					
SIGNATURE: _____ 02/15/06 352-867-8311 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

20010224



01102006 Chg-LLC CR2E083 (11/05)

Applied For
Not Applicable

FL Zip Code