

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067277

FILED
Apr 21, 2008
Secretary of State

Entity Name: STUART CARDIOVASCULAR ANESTHESIA ASSOCIATES, PLLC

Current Principal Place of Business:

1511 SW 1ST AVENUE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

P.O. BOX DRAWER 3130
OCALA, FL 34478

New Mailing Address:

FEI Number: 20-3115356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTES, JOSE H JR ESQ
4 S.E. BROADWAY
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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: PALMIRE, VINCENT C M.D.
Address: 1511 SW 1ST AVENUE
City-St-Zip: Ocala, FL 34474

Title: MGRM () Delete
Name: ROBERTIE, PAUL G M.D.
Address: 1511 SW 1ST AVENUE
City-St-Zip: Ocala, FL 34474

Title: MGR () Delete
Name: HARRISON, LAWRENCE R
Address: 1511 SW 1ST AVE
City-St-Zip: Ocala, FL 34474

Title: MGR () Delete
Name: SULLIVAN, DANIEL B
Address: 1511 SW 1ST AVE
City-St-Zip: Ocala, FL 34474

Title: MGR () Delete
Name: MIKOWSKI, MICHAEL S
Address: 1511 SW 1ST AVE
City-St-Zip: Ocala, FL 34474

Title: MGR () Delete
Name: DEPUTAT, MIKHAIL
Address: 1511 SW 1ST AVE
City-St-Zip: Ocala, FL 34474

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:

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

Title: () Change () Addition
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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: VINCENT PALMIRE

DR.

04/21/2008

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