

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087280

FILED  
Jan 27, 2005  
Secretary of State

Entity Name: OCALA REGIONAL MEDICAL CENTER ANESTHESIA, INC.

## Current Principal Place of Business:

1431 S W 1ST AVENUE  
OCALA, FL 34474

## New Principal Place of Business:

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

## Current Mailing Address:

PO BOX 1626  
OCALA, FL 34478

## New Mailing Address:

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

FEI Number: 65-1137820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCOTT, GARY L  
2300 SE 17TH STREET  
SUITE 1100  
OCALA, FL 34471 US

## Name and Address of New Registered Agent:

GASSMAN, ALAN S  
1245 COURT STREET  
SUITE 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: ALAN S. GASSMAN, REGISTERED AGENT

01/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: PYLES, STEPHEN T  
Address: 2300 SE 17TH ST, SUITE 1100  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: PYLES, STEPHEN T  
Address: 2300 SE 17TH ST, SUITE 1100  
City-St-Zip: OCALA, FL 34471

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: MECCA, DANIEL J M.D.  
Address: 1515 E. SILVER SPRINGS BLVD., STE. 132  
City-St-Zip: OCALA, FL 34470

Title: DV (X) Change ( ) Addition  
Name: TURNER, MANUEL E M.D.  
Address: 1515 E. SILVER SPRINGS BLVD., STE. 132  
City-St-Zip: OCALA, FL 34470

Title: DST ( ) Change (X) Addition  
Name: REED, TIMOTHY T M.D.  
Address: 1515 E. SILVER SPRINGS BLVD., STE. 132  
City-St-Zip: OCALA, FL 34470

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN S. GASSMAN, AUTHORIZED REPRESENTATIVE

REP

01/27/2005

Electronic Signature of Signing Officer or Director

Date