2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000087280

1. Entity Name
OCALA REGIONAL MEDICAL CENTER ANESTHESIA, INC.

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

04102006 No Chg-P CR2E034 (11/05)

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4. FEI Number 65-1137820 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MECCA, DANIEL J M.D.
STREET ADDRESS	1515 E. SILVER SPRINGS BLVD., STE. 132
CITY-ST-ZIP	OCALA, FL 34470
TITLE	DV
NAME	TURNER, MANUEL E M.D.
STREET ADDRESS	1515 E. SILVER SPRINGS BLVD., STE. 132
CITY-ST-ZIP	OCALA, FL 34470
TITLE	DST
NAME	REED, TIMOTHY T M.D.
STREET ADDRESS	1515 E. SILVER SPRINGS BLVD., STE. 132
CITY-ST-ZIP	OCALA, FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/06-80097-007 150.00

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12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daniel J Mecca MD President

SIGNATURE: X Daniel J Mecca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06 Date

352-351-0523 Daytime Phone #