## **2008 FOR PROFIT CORPORATION**

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT**

1. Entity Name

OCALA REGIONAL MEDICAL CENTER ANESTHESIA. INC.



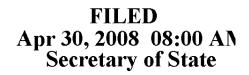
Principal Place of Business

**DOCUMENT # P01000087280** 

1515 E. SILVER SPRINGS BLVD.

SUITE 132 OCALA, FL 34470 Mailing Address

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





04252008

No Chg-P

CR2E034 (11/05)

4. FEI Number	Applied For
65-1137820	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S 1245 COURT STREET SUITE 102 CLEARWATER, FL 33756 DO NOT WRITE IN THIS SPACE

	SIGNATURE Squature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00		tion Campaign Fir t Fund Contributio		\$5.00 May Be Added to Fees	U00 05/23/	000933867 08-80009-009	3 150.00
10.	OFFICERS AND DIREC	CTORS		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AND THE STREET	A DEFENDED		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TURNER, MANUEL E M.D. 1515 E. SILVER SPRINGS BLVD., ST OCALA, FL 34470	E. 132						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DARLING, JAMES W MD 1515 E. SILVER SPRINGS BLVD., ST OCALA, FL 34470	E. 132			DO	NOT	WRITE	
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