

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 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



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

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

U00000933867
05/23/08-80009-009 150.00

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 DARLING, JAMES W MD
STREET ADDRESS 1515 E. SILVER SPRINGS BLVD., STE. 132
CITY-ST-ZIP Ocala, FL 34470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

Date

352-351-0822

Daytime Phone #