

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087280

FILED
May 01, 2009
Secretary of State

Entity Name: OCALA REGIONAL MEDICAL CENTER ANESTHESIA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1137820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: DST () Delete
Name: DARLING, JAMES W MD
Address: 1515 E. SILVER SPRINGS BLVD., STE. 132
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
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 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: DANIEL J. MECCA, M.D.

DP

05/01/2009

Electronic Signature of Signing Officer or Director

Date