

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000098411

FILED  
Mar 09, 2011  
Secretary of State

**Entity Name:** OCALA CARDIOVASCULAR ANESTHESIA ASSOCIATES, P.A.

**Current Principal Place of Business:**

1511 SW 1ST AVE.  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. DRAWER 3130  
OCALA, FL 34478 US

**New Mailing Address:**

**FEI Number:** 59-3543168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORTES, JOSE ESQ  
BLANCHARD MERRIAM ADEL & KIRKLAND  
4 SE BROADWAY  
OCALA, FL 34471 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

**OFFICERS AND DIRECTORS:**

**Title:** MGR  
**Name:** ROBERTIE, PAUL G MD  
**Address:** 1511 SW 1ST AVE.  
**City-St-Zip:** OCALA, FL 34471 US

**Title:** MGR  
**Name:** PALMIRE, VINCENT MD  
**Address:** 1511 SW 1ST AVE.  
**City-St-Zip:** OCALA, FL 34471 US

**Title:** MGR  
**Name:** MIKOWSKI, MICHAEL S DO  
**Address:** 1511 SW 1ST AVENUE  
**City-St-Zip:** OCALA, FL 34474

**Title:** MGR  
**Name:** HARRISON, LAWRENCE R MD  
**Address:** 1511 SW 1ST AVE  
**City-St-Zip:** OCALA, FL 34471 US

**Title:** MGR  
**Name:** ELHOUSHY, ABDEL H  
**Address:** 1511 SW 1ST AVENUE  
**City-St-Zip:** OCALA, FL 34471 US

I hereby 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 all other like empowered.

**SIGNATURE:** VINCENT PALMIRE, M.D.

MGR

03/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date