

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034850

FILED
Apr 12, 2009
Secretary of State

Entity Name: DESTIN ANESTHESIA GROUP LLC

Current Principal Place of Business:

36500 EMERALD COAST PARKWAY
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

36500 EMERALD COAST PARKWAY
DESTIN, FL 32541

New Mailing Address:

FEI Number: 20-8766228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARSHALL, WILLIAM R
928D MAR WALT DR.
FORT WALTON BEACH, FL 32547 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GULF COAST DIVERSIFIED, INC.
Address: 36500 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: EMERLAD COAST DIVERSIFIED - DESTIN, L.L.C.
Address: 36500 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: DESTIN PAIN MEDICINE & REHABILITATION, LLC
Address: 36500 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: EMERLAD COAST EYE PARTNERS, LLC
Address: 36500 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

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

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM R. MARSHALL

MD

04/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date