

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000003436

FILED
Apr 28, 2011
Secretary of State

Entity Name: LIGHTHOUSE ANESTHESIA, LLC

Current Principal Place of Business:

6605 ABERCORN ST., SUITE 108
SAVANNAH, GA 31405

New Principal Place of Business:

Current Mailing Address:

6605 ABERCORN ST., SUITE 108
SAVANNAH, GA 31405

New Mailing Address:

FEI Number: 20-1524042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR
Name: BOUSQUET, FRANKLYN P MD
Address: 6605 ABERCORN ST., SUITE 108
City-St-Zip: SAVANNAH, GA 31405

Title: MGR
Name: OSTEEN, CHRISTOPHER L MD
Address: 6605 ABERCORN ST., SUITE 108
City-St-Zip: SAVANNAH, GA 31405

Title: MGR
Name: BLAHOVE, MARK MD
Address: 6605 ABERCORN ST., SUITE 108
City-St-Zip: SAVANNAH, GA 31405

Title: MGR
Name: MURRAY, STUART W MD
Address: 6605 ABERCORN ST., SUITE 108
City-St-Zip: SAVANNAH, GA 31405

Title: MGR
Name: CUTTINO, JUDSON P MD
Address: 6605 ABERCORN ST., SUITE 108
City-St-Zip: SAVANNAH, GA 31405

Title: MGR
Name: WALLACE, TIMOTHY B MD
Address: 6605 ABERCORN ST., SUITE 108
City-St-Zip: SAVANNAH, GA 31405

I hereby 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: WALLACE

MGR

04/28/2011

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