

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000071926

Entity Name: LIGHTHOUSE MEDICAL ASSOCIATES LLC**Current Principal Place of Business:**130 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086**Current Mailing Address:**130 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086**FEI Number:** 47-1668382**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROOKS, SHELTON
130 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086 US*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**Authorized Person(s) Detail :**

Title	MGR
Name	BATENHORST, TODD
Address	130 HEALTH PARK BLVD
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	MGR
Name	DOLGIN, FREDERICK
Address	130 HEALTH PARK BLVD
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	MGR
Name	LOOK, MICHAEL
Address	130 HEALTH PARK BLVD
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	MGR
Name	SANCHEZ, CARLOS
Address	130 HEALTH PARK BLVD
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	MGR
Name	WHITLOCK, WARREN
Address	130 HEALTH PARK BLVD
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	MGR
Name	ZUB, CHRISTOPHER
Address	130 HEALTH PARK BLVD
City-State-Zip:	ST. AUGUSTINE FL 32086

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WARREN O WHITLOCK**PRESIDENT****05/14/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date