2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000003436

Entity Name: LIGHTHOUSE ANESTHESIA, LLC

Current Principal Place of Business:

6605 ABERCORN ST., SUITE 108 SAVANNAH. GA 31405

Current Mailing Address:

6605 ABERCORN ST., SUITE 108 SAVANNAH, GA 31405

FEI Number: 20-1524042 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Apr 15, 2013

Secretary of State

CC2099766230

Authorized Person(s) Detail:

Title MGR Title MGR

NameBOUSQUET, FRANKLYN PMDNameOSTEEN, CHRISTOPHER LMDAddress6605 ABERCORN ST., SUITE 108Address6605 ABERCORN ST., SUITE 108

City-State-Zip: SAVANNAH GA 31405 City-State-Zip: SAVANNAH GA 31405

Title MGR Title MGR

Name BLAHOVE, MARK MD Name MURRAY, STUART WMD

Address 6605 ABERCORN ST., SUITE 108 Address 6605 ABERCORN ST., SUITE 108

City-State-Zip: SAVANNAH GA 31405 City-State-Zip: SAVANNAH GA 31405

Title MGR Title MGR

Name CUTTINO, JUDSON PMD Name WALLACE, TIMOTHY BMD

Address 6605 ABERCORN ST., SUITE 108 Address 6605 ABERCORN ST., SUITE 108

City-State-Zip: SAVANNAH GA 31405 City-State-Zip: SAVANNAH GA 31405

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY B WALLACE

MANAGER

04/15/2013