

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052063

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** LIGHTHOUSE ANESTHESIOLOGY CONSULTANTS, PL

**Current Principal Place of Business:**

FLAGLER HOSPITAL  
400 HEALTH PARK BLVD.  
ST. AUGSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3012  
ST. AUGUSTINE, FL 32085

**New Mailing Address:**

**FEI Number:** 20-0479106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLICK, JAMES J  
608 EAST CENTRAL BLVD.  
ORLANDO, FL 32801 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/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: SHERMAN, TURNAGE S  
Address: 917 E PLEASANT PLACE  
City-St-Zip: JACKSONVILLE, FL 32229

Title: MGRM ( ) Change (X) Addition  
Name: JOHN, DOYLE J  
Address: 128 SEA HAMMOCK WAY  
City-St-Zip: JACKSONVILLE, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN JOSEPH DOYLE

MGMR

04/30/2004

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