2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# L03000052063

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

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

ADDITIONS/CHANGES:

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 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 04/21/2005

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