

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052063

FILED
Apr 27, 2006
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/MANAGERS:

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 Chapter 119, 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 DOYLE

MGRM

04/27/2006

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