

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052063

FILED
Apr 28, 2008
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:

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

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 592036
ORLANDO, FL 32859 US

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:

FLICK, JAMES J
3203 SOUTH CONWAY ROAD
106
ORLANDO, FL 32812 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:

04/28/2008

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 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: JAMES J. FLICK

RA

04/28/2008

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