2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 02, 2008
Secretary of State

DOCUMENT# L06000051817

Entity Name: BARRIER ISLAND ANESTHESIA, LLC

Current Principal Place of Business:

150 ELLWOOD AVENUE
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

150 ELLWOOD AVENUE
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 74-3181085 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEARSON, JOHN EDWARD
150 ELLWOOD AVENUE
SATELLITE BEACH, FL 32937 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: O'STEEN PEARSON, CRISTINA
Address: 150 ELLWOOD AVENUE
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PEARSON, CRISTINA, O'STEEN
Address: 150 ELLWOOD AVENUE
City-St-Zip: SATELLITE BEACH, FL 32937

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: CRISTINA O'STEEN PEARSON MGRM 01/02/2008

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