

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051817

FILED
Jan 18, 2009
Secretary of State

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:

PEARSON, JOHN E
150 ELLWOOD AVENUE
SATELLITE BEACH, FL 32937 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: JOHN EDWARD PEARSON

01/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PEARSON, CRISTINA O
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

01/18/2009

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