

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 23, 2011
Secretary of State

Entity Name: COASTAL ANESTHESIOLOGY CONSULTANTS, P.L.

Current Principal Place of Business:

100 WHETSTONE PLACE, SUITE 310
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

100 WHETSTONE PLACE, SUITE 310
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 26-3056682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REZNICSEK FRASER HASTINGS WHITE & SHAFFER
ATTN: ELIZABETH D. SHAW, ESQ.
4230 PABLO PROFESSIONAL PARK
JACKSONVILLE, FL 32224 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
Name: TURNAGE, SHERMAN M.D.
Address: 100 WHETSTONE PLACE, SUITE 310
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGRM
Name: ADKISON, GREGORY M.D.
Address: 100 WHETSTONE PLACE SUITE 310
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby 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: W. SHERMAN TURNAGE, M.D.

MGRM

02/23/2011

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