

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106929

FILED  
May 29, 2009  
Secretary of State

**Entity Name:** LIGHTHOUSE HEALTHCARE GROUP, LLC

**Current Principal Place of Business:**

509 GUI SANDO DE AVILA  
SUITE 200  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

509 GUI SANDO DE AVILA  
SUITE 200  
TAMPA, FL 33613

**New Mailing Address:**

**FEI Number:** 80-0303442      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SIERRA, STUART S JR.  
509 GUI SANDO DE AVILA  
SUITE 200  
TAMPA, FL 33613 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: SIERRA, STUART S JR.  
Address: 509 GUI SANDO DE AVILA SUITE 200  
City-St-Zip: TAMPA, FL 33613

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: JACOBSON, MATTHEW D  
Address: 1406 HARBOUR WALK ROAD  
City-St-Zip: TAMPA, FL 33602

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: S. SEBRING SIERRA, JR.

MGR

05/29/2009

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