2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2011
Secretary of State

DOCUMENT# L10000054042

Entity Name: COASTAL ANESTHESIA STAFFING, LLC

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: 27-2662919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REZNICSEK, FRASER, HASTINGS, WHITE & SHAFF
4230 PABLO PROFESSIONAL COURT, SUITE 200
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: MGR
Name: TURNAGE, W. SHERMAN 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 Statues.

SIGNATURE: W. SHERMAN TURNAGE, M.D. MGR 02/23/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date