


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

02-12-2004 90117 031 ****50.00

DOCUMENT # L03000053072			
1. Entity Name PHILIP A. SHELTON, M.D., J.D. & ASSOCIATES LLC			
Principal Place of Business P. O. BOX 34090 PERDIDO KEY PENSACOLA, FL 32507		Mailing Address P. O. BOX 34090 PERDIDO KEY PENSACOLA, FL 32507	
2. Principal Place of Business		3. Mailing Address P.O. Box 50058	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State New Orleans LA	
Zip	Country	Zip 70113	Country
4. FEI Number 20-0675923		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHELTON, PHILIP A 34090 PERDIDO KEY PENSACOLA, FL 32507		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, word or printed name of registered agent and title, if applicable. NOTE: Registered Agent signature required when changing.</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELTON, PHILIP A	NAME	
STREET ADDRESS	P.O. BOX 34090 PERDIDO KEY	STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA, FL 32507	CITY - ST - ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIC, JUDY	NAME	
STREET ADDRESS	P.O. BOX 34090 PERDIDO KEY	STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA, FL 32507	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Nancy Pavon (NANCY PAVON) off mgr.		Date: 2/10/04 (504) 231-5422	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Day (mo) Phone #</small>	

Attachment

34000889

L030005377

IRS Employee # 19-04297

INTERNAL REVENUE SERVICE
BROOKHAVEN IRS CAMPUS
1040 WAVERLY AVE STOP 540
HOLTSVILLE, NY 11742
FAX: 631-687-3990
PHONE: 800-829-4933



3rd Party Request for Missing Information to Validate Internet EIN

To: KENT A BERGER

Today's Date: February 5, 2004

Fax: (504) 299-3435

Response Due: February 20, 2004

You applied for an EIN on the Internet as a 3rd party. We are unable to validate the provisional EIN provided to you for your client because we need more information.

Taxpayer / Business Name: PHILIP A SHELDON MD AD & ASS0 LLC

Date of I-EIN Application: February 3, 2004

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In order to complete the validation process, please FAX back to the IRS within **10 business days**:

- Completed Coversheet
- Completed SS-4 signed by the taxpayer authorizing you to receive the EIN for them. The fax number is 631-687-3990.
- Your phone number and the best time to call you so we can quickly obtain the necessary information and validate the new EIN for your client.
- Additional Information requested

Failure to respond within the required timeframe may result in the cancellation of your I-EIN and a new EIN will be assigned to the entity.

INFORMATION NEEDED TO COMPLETE EIN VALIDATION:

- Line 7 – The name and Social Security Number provided does not match our records. Please verify the SSN with the Social Security Administration and send a copy of a letter from them on official letterhead with the correct name and Social Security Number.
- Line 8a – Type of Entity _____
- LLC – Single or Multiple Member _____
- A signed 2848 or 8821 must accompany all 3rd party requests. The mailing address on Lines 4a & 4b must be that of the taxpayer unless accompanied by Form 2848 or 8821 indicating specific tax matters (ex. 1120 and tax year 2002 if application is for a corporation). The address on 4a & 4b can never be that of the Third Party Designee from the bottom of the Form SS4.
- Your application is illegible. Please refax it to the number above.
- Other: PLEASE RE-SUBMIT

Provisional EIN: _____
3rd Party Phone Number: _____
Best time to call: _____ AM or _____ PM