


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # L03000053072	
1. Entity Name PHILIP A. SHELTON, M.D., J.D. & ASSOCIATES LLC	

Principal Place of Business 300 SHORE DRIVE GULF BEACH BLVD. TARPON SPRINGS, FL 34689	Mailing Address PO BOX 50058 NEW ORLEANS, LA 70150-0058
--	---

DO NOT WRITE IN THIS SPACE



02062008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0675923	Applied For 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
 300 SHORE DRIVE
 GULF BEACH BLVD.
 TARPON SPRINGS, FL 34689

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHELTON, PHILIP A 300 SHORE DRIVE, GULF BEACH BLVD. TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GIC, JUDY 300 SHORE DRIVE, GULF BEACH BLVD. TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000822985
 02/20/08-80020-012 138.75

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Philip A Shelton Date: 2/7/08 Daytime Phone #: 504-231-5422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE