

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053072

**FILED**  
**Mar 03, 2007**  
**Secretary of State**

**Entity Name:** PHILIP A. SHELTON, M.D., J.D. & ASSOCIATES LLC

**Current Principal Place of Business:**

P. O. BOX 34090 PERDIDO KEY  
PENSACOLA, FL 32507

**New Principal Place of Business:**

300 SHORE DRIVE  
GULF BEACH BLVD.  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

PO BOX 50058  
NEW ORLEANS, LA 701500058

**New Mailing Address:**

**FEI Number:** 20-0675923

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHELTON, PHILIP A  
34090 PERDIDO KEY  
PENSACOLA, FL 32507 US

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

SHELTON, PHILIP A  
300 SHORE DRIVE  
GULF BEACH BLVD.  
TARPON SPRINGS, FL 34689 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: PHILIP A. SHELTON

03/03/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHELTON, PHILIP A  
Address: P.O. BOX 34090 PERDIDO KEY  
City-St-Zip: PENSACOLA, FL 32507

Title: MGRM ( ) Delete  
Name: GIC, JUDY  
Address: P.O. BOX 34090 PERDIDO KEY  
City-St-Zip: PENSACOLA, FL 32507

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHELTON, PHILIP A  
Address: 300 SHORE DRIVE, GULF BEACH BLVD.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM (X) Change ( ) Addition  
Name: GIC, JUDY  
Address: 300 SHORE DRIVE, GULF BEACH BLVD.  
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDY GIC

MEMB

03/03/2007

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