

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000027351

FILED
Apr 13, 2005
Secretary of State

Entity Name: EDGEWATER MEDICAL SPECIALISTS, LLC

Current Principal Place of Business:

237 N CAUSEWAY
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

PO BOX 1316
EDGEWATER, FL 32132

New Mailing Address:

237 N CAUSEWAY
NEW SMYRNA BEACH, FL 32169

FEI Number: 20-0997387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVE
SUITE 115
JACKSONVILLE, FL 32204 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/MEMBERS:

Title: MGR () Delete
Name: METCHICK, LEE N
Address: 1000 RIVERSIDE AVE SUITE 115
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGR () Delete
Name: METCHICK, HEATHER M
Address: 1000 RIVERSIDE AVE SUITE 115
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: METCHICK, LEE N
Address: 237 N CAUSEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGR (X) Change () Addition
Name: METCHICK, HEATHER M
Address: 237 N CAUSEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEE N. METCHICK, MD

MGR

04/13/2005

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