

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90042 031 ***143.75

DOCUMENT # L04000027351

1. Entity Name
EDGEWATER MEDICAL SPECIALISTS, LLC



Principal Place of Business
109 W. KNAPP AVENUE
EDGEWATER, FL 32132

Mailing Address
109 W. KNAPP AVENUE
EDGEWATER, FL 32132



02122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-0997387

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

MAGGIE O'DONNELL
109 W. KNAPP AVE.
EDGEWATER, FL
32132

**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 Maggie O'Donnell MAGGIE O'DONNELL PRACTICE ADMINISTRATOR 2/13/08
Signature typed or printed name of registered agent and title if applicable (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 MGR
NAME METCHICK, LEE N
STREET ADDRESS 109 W. KNAPP AVENUE
CITY-ST-ZIP EDGEWATER, FL 32132

TITLE MGR
NAME METCHICK, HEATHER M
STREET ADDRESS 109 W. KNAPP AVENUE
CITY-ST-ZIP EDGEWATER, FL 32132

TITLE
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CITY-ST-ZIP

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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:

LEE N. METCHICK MD 2/13/08 386-427-4544

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

Date

Daytime Phone #