


**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
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**DO NOT WRITE IN THIS SPACE**



02122008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0997387	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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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 NAME STREET ADDRESS CITY-ST-ZIP	MGR METCHICK, LEE N 109 W. KNAPP AVENUE EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR METCHICK, HEATHER M 109 W. KNAPP AVENUE EDGEWATER, FL 32132
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**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: *[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 #