


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000040932	
1. Entity Name PHILIP L. WATTERSON, M.D., LLC	

Principal Place of Business 4065 MARINER BOULEVARD SPRING HILL, FL 34609	Mailing Address 4065 MARINER BOULEVARD SPRING HILL, FL 34609
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DO NOT WRITE IN THIS SPACE



02122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 11-3652439	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

WATTERSON, PHILIP L
4065 MARINER BOULEVARD
SPRING HILL, FL 34609

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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	MGR WATTERSON, PHILIP L 4065 MARINER BOULEVARD SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATTERSON, CHERILYNN J 4065 MARINER BOULEVARD SPRING HILL, FL 34609
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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 L. Watterson 2/25/08 (352) 683-1885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #