

L04000040932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

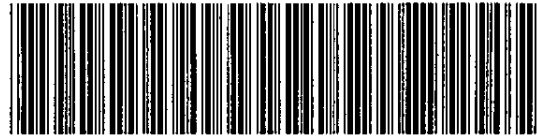
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800119770578

03/10/08--01038--020 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 10 AM 9:52

T. HAMPTON
MAR 12 2008
EXAMINER

JONATHAN B. ALPER

ATTORNEY AT LAW
274 KIPLING COURT
HEATHROW, FL 32746
[HTTP://WWW.ALPERLAW.COM](http://www.alperl.com)

TELEPHONE: (407) 444-0404
FACSIMILE: (407) 333-2040

ATTORNEY: JALPER@ALPERLAW.COM
PARALEGAL: JROYAL@ALPERLAW.COM

March 5, 2008

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Philip L. Watterson, M.D., L.L.C.

To Whom It May Concern:

Enclosed is the original and one copy of the Articles of Amendment for the above-referenced limited liability company and our check in the amount of \$25 for the filing fee. Please return a date stamped copy of the Articles of Amendment in the enclosed self-addressed, stamped envelope.

Sincerely,



Jackie Royal
Paralegal

Enc.
cc: Philip Watterson, M.D.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
PHILIP L. WATTERSON, M.D., LLC**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 10 AM 9:52**

FIRST: The name of the Limited Liability Company is PHILIP L. WATTERSON, M.D., LLC.

SECOND: The date of filing of the Articles of Organization was May 28, 2004.

THIRD: The following Amended Articles of Organization were adopted by the limited liability company, which will hereinafter be a professional limited liability company:

**AMENDED ARTICLES OF ORGANIZATION
FOR
PHILIP L. WATTERSON, M.D., P.L.
A Florida Professional Limited Liability Company**

The undersigned individual, licensed as a medical doctor in the State of Florida, acting as member for purposes of forming a professional limited liability company for profit under Chapter 621 and Chapter 608 of the Florida Statutes, does hereby adopt the following Articles of Organization.

ARTICLE I - NAME

The name of the professional limited liability company is **PHILIP L. WATTERSON, M.D., P.L.**

ARTICLE II - PURPOSE

The general nature and purpose of the business to be transacted and carried on by the limited liability company is to engage in the practice of medicine and to carry on services incident thereto. The professional services of this limited liability company shall be carried out only through members, each of whom is a medical doctor licensed in the State of Florida.

ARTICLE III - ADDRESS

The mailing address of the principal office of the professional limited liability company is 4065 Mariner Boulevard, Spring Hill, FL 34609 and the street address is 4065 Mariner Boulevard, Spring Hill, FL 34609.

ARTICLE IV - DURATION

The period of duration for the professional limited liability company is perpetual.

ARTICLE V - MANAGEMENT

The professional limited liability company is to be managed by the members and the name and address of the managing member is:

Cherilynn J. Watterson
4065 Mariner Boulevard
Spring Hill, FL 34609

ARTICLE VI - ADMISSION OF ADDITIONAL MEMBERS

Additional members may be admitted with the unanimous consent of all Members.

ARTICLE VII - MEMBERS RIGHT TO CONTINUE BUSINESS

Remaining members of the professional limited liability company shall continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the professional limited liability company.

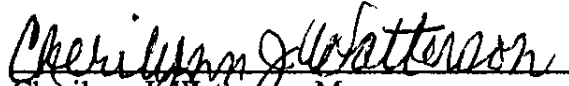
ARTICLE VIII - EFFECTIVE DATE

These Amended Articles of Organization shall be effective upon filing.

In accordance with Sections 621.05 and 608.407, Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Philip L. Watterson, M.D., Member


Cherilynn J. Watterson, Manager

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 10 AM 9:52

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**


PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the professional limited liability company is **PHILIP L. WATTERSON, M.D., LLC**

2. The name and the Florida street address of the registered agent are:

Philip L. Watterson, M.D.
4064 Mariner Boulevard
Spring Hill, FL 34609

Having been named as registered agent and to accept service of process for the above stated professional limited liability company at the place designated on this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Philip L. Watterson, M.D.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 10 AM 9:52