



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90080 035 ****50.00

DOCUMENT # L06000003945 1. Entity Name REDDOCH WILLIAMS, M.D., P.L.					
Principal Place of Business 4415 HIGHWAY 331 SOUTH DEFUNIAK SPRINGS, FL 32435			Mailing Address 251 BEACHVIEW DRIVE FORT WALTON BEACH, FL 32547		
2. Principal Place of Business - No P.O. Box # 4 Skipper Ave Suite, Apt. #, etc. Ft Walton Beach, FL 32547		3. Mailing Address Suite, Apt. #, etc. 251 Beachview Dr City & State Ft Walton Beach			
City & State Ft Walton Beach		City & State Ft Walton Beach		01142007 Chg-LLC CR2E083 (12/06)	
Zip 32547		Country Okaloosa		4. FEI Number 20-4077978	
Zip 32547		Country Okaloosa		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, REDDOCH M.D. 4415 HIGHWAY 331 SOUTH DEFUNIAK SPRINGS, FL 32435				7. Name and Address of New Registered Agent Name Reddoch Williams Street Address (P.O. Box Number is Not Acceptable) 251 Beachview Dr City Ft Walton Beach, FL Zip Code 32547	
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 _____ DATE 14 Jan 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, REDDOCH M.D. 251 BEACHVIEW DRIVE FORT WALTON BEACH, FL 32547			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ Reddoch Williams Pres 14 Jan 2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					