

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 29, 2008 08:00 AM

64.795 Secretary of State

DOCUMENT # L06000044541

1. Entity Name  
ROBERT H. PAXSON, MD, LLC



Principal Place of Business  
258 FORTENBERRY ROAD  
MERRITT ISLAND, FL 32952

Mailing Address  
258 FORTENBERRY ROAD  
MERRITT ISLAND, FL 32952



03142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 14-1960245	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

PAXSON, ROBERT H MD  
258 FORTENBERRY ROAD  
MERRITT ISLAND, FL 32952

**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 \_\_\_\_\_  
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 PAXSON, ROBERT H MD 258 FORTENBERRY ROAD MERRITT ISLAND, FL 32952
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05/22/08-80045-008 143.75

**DO NOT WRITE  
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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.

ROBERT H. PAXSON MD

SIGNATURE:

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

Date

Daytime Phone #

3-31-08

321 453-3438