2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: SHANNON SCHEUFLER M.D., LLC

Current Principal Place of Business:

543-B FONTAINE STREET
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

543-B FONTAINE STREET
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHEUFLER, SHANNON MD
543-B FONTAINE STREET
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SCHEUFLER, SHANNON MD
Address: 543-B FONTAINE STREET
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 Statues.

SIGNATURE: SHANNON SCHEUFLER, M.D. DR. 07/12/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date