2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2019
Secretary of State
3832134743CC

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Entity Name: SHANNON SCHEUFLER M.D., LLC

Current Principal Place of Business:

543-B FONTAINE STREET
PENSACOLA, FL 32503

Current Mailing Address:

543-B FONTAINE STREET
PENSACOLA, FL 32503

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Authorized Person(s) Detail :

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

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHANNON B. SCHEUFLER, MD PHYSICIAN/OWNER 04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date