

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101785

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 SCHEUFLER MD

PHYSICIAN/OWNER

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date