**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 20, 2017**
**Secretary of State**
**CC3385321710**

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 04/20/2017

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