

2001 UNIFORM BUSINESS REPORT (UBR)

0004101 AF

DOCUMENT # L00000007919

1. Entity Name
ROSE MARIE SCHULTZ, M.D., LLC

FILED

01 APR 12 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1703 LEWIS TURNER BLVD.
FT. WALTON BEACH FL 32547

Mailing Address
1703 LEWIS TURNER BLVD.
FT. WALTON BEACH FL 32547



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
above
Suite, Apt. #, etc.

3. Mailing Address
above
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3662074

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

SCHULTZ, ROSE M M.D.
1703 LEWIS TURNER BLVD.
FT. WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 \$50.00
Make Check Payable to Department of State

600004036886--B
-04/20/01--01128--018
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE *m*
NAME *Rose Schultz*
STREET ADDRESS *1703 Lewis Turner Blvd*
CITY-ST-ZIP *FT Walton Beach FL 32547*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

Signature

March 5, 2001

850-864-1777

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

Date

Daytime Phone #

CR2E083 (11/00)