

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007919

FILED
Feb 16, 2004
Secretary of State

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

Current Principal Place of Business:

238 SNUG HARBOR DRIVE
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

PO BOX 838
SHALIMAR, FL 325790838

New Mailing Address:

FEI Number: 59-3662074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SCHULTZ, ROSE M M.D.
PO BOX 838
SHALIMAR, FL 32579-083 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: ROSE MARIE SCHULTZ

02/16/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: M () Delete
Name: SCHULTZ, ROSE
Address: 1703 LEWIS TURNER BLVD
City-St-Zip: FT WALTON BEACH, FL 32547

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHULTZ, ROSE M M.D.
Address: 238 SNUG HARBOR
City-St-Zip: SHALIMAR, FL 32579

I hereby certify that the information supplied with this filing does not qualify for the 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 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 Statutes.

SIGNATURE: ROSE MARIE SCHULTZ

MGR

02/16/2004

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