

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90125 047 \*\*\*\*50.00

**DOCUMENT # L00000007919**

1. Entity Name

**ROSE MARIE SCHULTZ, M.D., LLC**



Principal Place of Business

**1703 LEWIS TURNER BLVD.  
FT. WALTON BEACH FL 32547**

Mailing Address

**1703 LEWIS TURNER BLVD.  
FT. WALTON BEACH FL 32547**

**CHANGE \***

2. Principal Place of Business

**238 Snug Harbor Dr**  
Suite, Apt. #, etc.

3. Mailing Address

**PO Box 838**  
Suite, Apt. #, etc.

City & State

**SHALIMAR FL**

City & State

**Shalimar, FL**

Zip

**32579**

Country

**USA**

Zip

**32579-0838**

Country

**USA**

4. FEI Number **59-3662074**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Rose Marie Schultz*

**ROSE MARIE SCHULTZ, M.D.**

**4-16-2003**

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **M** ☐ Delete  
NAME **SCHULTZ, ROSE**  
STREET ADDRESS **1703 LEWIS TURNER BLVD**  
CITY-ST-ZIP **FT WALTON BEACH FL 32547**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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

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:

*Rose Marie Schultz*

**ROSE MARIE SCHULTZ, M.D.**

**4-16-2003**

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

Date

Daytime Phone #

CR2E083 (10/02)