

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
AND
FILED

04 JUN -4 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000021475

1. Entity Name
SCHAEFFER MEDICAL DESIGN, LLC



Principal Place of Business
**10071 SUNSET STRIP
SUNRISE, FL 33322 FL**

Mailing Address
**10071 SUNSET STRIP
SUNRISE, FL 33322 FL**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



04142004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0114009

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SCHAEFFER, MICHAEL
10071 SUNSET STRIP
SUNRISE, FL 33322**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Michael Schaeffer 10071 Sunset Strip Sunrise FL 33322</i> ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900037839269 ☐ Change ☐ Addition 06/10/04--01009--019 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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:

Michael Schaeffer

5-4-04

954 742 4600

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

Date

Daytime Phone #