## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000088149

1. Entity Name

STEPHEN P. SCHROERING, M.D., PLLC



Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

1328 HOMESTEAD ROAD, NORTH, SUITE 10

LEHIGH ACRES, FL 33936

Mailing Address

1328 HOMESTEAD ROAD, NORTH, SUITE 10 LEHIGH ACRES, FL 33936

FILED Mar 22, 2006 8:00 am Secretary of State

03-22-2006 90389 001 \*\*\*\*50.00 03-22-2006 90389 002 \*\*\*\*\*5.00

30002932



01122006 No Chg-LLC

CR2E083 (11/05)

FEI Number 75-3177926			<u> </u>	Not Applicable
			\$5.00	Additional

5. Certificate of Status Desired

\$5.00 Addition

(234)

Name and Address of Current Registered Agent
 N, DONALD R

PEYTON, DONALD R 7317 LITTLE ROAD NEW PORT RICHEY, FL 34654

DC	) NOT	WRITE
IN	THIS	<b>SPACE</b>

a. The above the obligation	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the State of Flori	da. I am familiar with, and accept
SIGNATURE	Signature, typed of printed name of registered agent and title it applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	iling Fee Is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM > SCHROERING, STEPHEN P 1328 HOMESTEAD ROAD, NORTH, SUITE 10 LEHIGH ACRES, FL 33936		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WI	RITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
I III III CALCU	On this report is true and accurate and that my sinnaitire st	qualify for the exemptions contained in Chapter 119, Florida Statutes. I f half have the same legal effect as if made under oath; that I am a mana cute-this report as required by Chapter 608, Florida Statutes.	urther certify that the information ging member or manager of the