## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

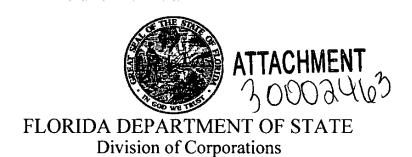
**DOCUMENT # L05000004076** 

## FILED Mar 14, 2006 8:00 am Secretary of State

02-23-2006 90229 004 \*\*\*\*50.00

1. Entity Name SUE H. SCHLER, M.D., PLLC Principal Place of Business Mailing Address 30002463 1302 W. SWANN AVENUE 1302 W. SWANN AVENUE TAMPA, FL 33606 TAMPA, FL 33606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 02142006 CR2E083 (11/05) City & State City & State Applied For 59-2619929 Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GLICKMAN, RONALD C Street Address (P.O. Box Number is Not Acceptable) 1302 W. SWANN AVENUE TAMPA, FL 33606 City 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 Signature, typed or printed name of regulatered agent and tide if applicable. Hing Fee is \$50.00 Que by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES TITLE MGRM TITLE ☐ Change Addition SCHLER, SUE H M.D. NAME MAME STREET ADDRESS 1302 W. SWANN AVENUE STREET ADDRESS CHY-ST-ZIP TAMPA, FL 33606 CITY-ST-ZIP IIILE C Datete fiftE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE NAME STREET ADDRESS STREET ADDRÉSS CITY-SI-EP CITY-SI-ZIP TITLE TOLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE C Delete TITLE Addition NUME HAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIF CITY-ST-ZIP 11. I hereby cartify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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-improvement to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AMUNE MANE OF BIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DEL DO DON DENTE PROVE POUR FORMER



February 24, 2006

SUE H. SCHLER, M.D., PLLC 1302 W. SWANN AVENUE TAMPA, FL 33606

Subject: SUE H. SCHLER, M.D., PLLC

Reference Number:

1.05000004076

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ ANNUAL REPORTS SECTION