2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 16, 2006 8:00 am
Secretary of State
03-28-2006 90014 013 ****50.00

DOCUMENT # L05000068277

1. Entity Name
BARRY M. SCHULTZ, MD, LLC

Principal Place of Business	Mailing Address
6659 BOYNTON BEACH BOULEVARD BOYNTON BEACH FL 33437	6659 BOYNTON BEACH BOULEVARD BOYNTON BEACH FL 33437

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
13550 Jog Road	13550 Jog Road
Suite, Apt. #, etc.: 205	Suite, Apt. #, etc.: 205
City & State: Delray Beach, FL	City & State: Delray Beach FL
Zip: 33446 Country: Palm Beach	Zip: 33446 Country: Palm Beach

4. FEI Number: 20-3155999 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PHYSICIAN'S LAW CENTER, LLC 3452 W. BOYNTON BEACH BLVD., SUITE 5 BOYNTON BEACH FL 33436	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 resigning) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☑ Delete SCHULTZ, BARRY M M.D. 6659 BOYNTON BEACH BOULEVARD BOYNTON BEACH FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☑ Change ☐ Addition Barry M. Schultz, MD 13550 Jog Rd. Ste 205 Delray Beach, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #