2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

1st MOORE CR2E083 (10/05)

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

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

PHYSICIAN'S LAW CENTER, LLC
3452 W. BOYNTON BEACH BLVD., SUITE 5
BOYNTON BEACH FL 33436

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 ____________________
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, 2006

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