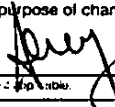
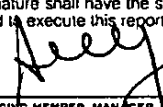


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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 6659 BOYNTON BEACH BOULEVARD BOYNTON BEACH FL 33437			Mailing Address 6659 BOYNTON BEACH BOULEVARD BOYNTON BEACH FL 33437		
2. Principal Place of Business 13550 Jog Road Suite, Apt. #, etc. 205		3. Mailing Address 13550 Jog Road Suite, Apt. #, etc. 205		 1st MOORE CR2E083 (10/05)	
City & State Delray Beach, FL		City & State Delray Beach, FL			
Zip 33446		Zip 33446			
Country Palm Beach		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 State 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					
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
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
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					