## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103173

Entity Name: GLORIA RIBAS-SCHULTZ, MD, PL

**FILED** Feb 22, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2064 FARRINGTON DRIVE 1601 W REYNOLDS STREET LAKELAND, FL 33809

203

PLANT CITY, FL 33563

**Current Mailing Address: New Mailing Address:** 

2064 FARRINGTON DRIVE 1601 W REYNOLDS STREET LAKELAND, FL 33809

203 PLANT CITY, FL 33563

FEI Number: 20-3659696 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PETIJEAN, CYNTHIA M CYNTHIA M. PETITJEAN PL 1306 THONOTOSASSA ROAD

110 WEST REYNOLDS STREET, STE 101 PLANT CITY, FL 33563 US PLANT CITY, FL 33563

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.

SIGNATURE: CYNTHIA M PETITJEAN 02/22/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: (X) Change ( ) Addition () Delete RIBAS-SCHULTZ, GLORIA MD RIBAS-SCHULTZ, GLORIA MD Name: Name: Address: 2064 FARRINGTON DRIVE Address: 1601 W REYNOLDS STREET STE 203

City-St-Zip: LAKELAND, FL 33809 City-St-Zip: PLANT CITY, FL 33563

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GLORIA RIBAS-SCHULTZ, MD **MGRM** 02/22/2006