

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90025 040 ****50.00

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1. Entity Name

GLORIA RIBAS-SCHULTZ, MD, PL

Principal Place of Business

1601 W REYNOLDS STREET
203
PLANT CITY, FL 33563

Mailing Address

1601 W REYNOLDS STREET
203
PLANT CITY, FL 33563

DO NOT WRITE IN THIS SPACE



03232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-3659696

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CYNTHIA M. PETITJEAN PL
1306 THONOTOSASSA ROAD
PLANT CITY, FL 33563

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
RIBAS-SCHULTZ, GLORIA MD
1601 W REYNOLDS STREET STE 203
PLANT CITY, FL 33563

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

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11. I hereby certify 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/2/07

813-752-8900