2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2012
Secretary of State

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Entity Name: MAURICE S. SCHNEIDER, M.D., P.L.

Current Principal Place of Business:

6101 PINE RIDGE RD
304
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

5208 OLD GALLOWS WAY
NAPLES, FL 34105

New Mailing Address:

FEI Number: 26-3803584 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNEIDER, MAURICE S MD
5208 OLD GALLOWS WAY
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: SCHNEIDER, MAURICE S MD
Address: 5208 OLD GALLOWS WAY
City-St-Zip: NAPLES, FL 34105

I hereby 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 Statues.

SIGNATURE: MAURICE S SCHNEIDER P 06/12/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date