

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003279

Entity Name: SCHEINER CLINIC LLC

FILED  
Jan 10, 2005  
Secretary of State

**Current Principal Place of Business:**

3521 HWY. 17, STE. B  
FLEMING ISLAND, FL 32003

**New Principal Place of Business:**

**Current Mailing Address:**

3521 HWY. 17, STE. B  
FLEMING ISLAND, FL 32003

**New Mailing Address:**

FEI Number: 26-0025503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHEINER, DAVID DO  
3521 HWY. 17, STE. B  
FLEMING ISLAND, FL 32003 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SCHEINER, DAVID DO  
Address: 3521 US HWY 17 STE B  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: MGRM ( ) Delete  
Name: SCHEINER, MICHAEL MD  
Address: 3521 US HWY 17 STE. B  
City-St-Zip: FLEMING ISLAND, FL 32003

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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: DAVID SCHEINER, D.O.

MGRM

01/10/2005

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