

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003279

FILED
Jul 03, 2006
Secretary of State

Entity Name: SCHEINER CLINIC LLC

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHEINER, DAVID DO
3521 HWY. 17, STE. B
FLEMING ISLAND, FL 32003 US

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: 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 Chapter 119, 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

07/03/2006

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