

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90006 032 ***138.75

DOCUMENT # M02000003279

1. Entity Name
SCHEINER CLINIC LLC



Principal Place of Business
**3521 HWY. 17, STE. B
FLEMING ISLAND, FL 32003**

Mailing Address
**3521 HWY. 17, STE. B
FLEMING ISLAND, FL 32003**

DO NOT WRITE IN THIS SPACE



07072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
26-0025503

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHEINER, DAVID DO
3521 US HWY 17 STE B
FLEMING ISLAND, FL 32003**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHEINER, MICHAEL MD
3521 US HWY 17 STE. B
FLEMING ISLAND, FL 32003**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 #

David Scheiner DO
mgm

7-10-08

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