

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003279

Entity Name: SCHEINER CLINIC LLC

FILED
Jan 16, 2009
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/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 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

MGRM

01/16/2009

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