

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M02000003279

**Entity Name:** SCHEINER CLINIC LLC

**FILED**  
**Nov 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1880 EAGLE HARBOUR PARKWAY  
FLEMING ISLAND, FL 32003

**New Principal Place of Business:**

1880 EAGLE HARBOR PKWY  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

1880 EAGLE HARBOUR PARKWAY  
FLEMING ISLAND, FL 32003

**New Mailing Address:**

1880 EAGLE HARBOR PKWY  
FLEMING ISLAND, FL 32003

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:**

SCHEINER, DAVID DO  
1880 EAGLE HARBOR PKWY  
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: DAVID SCHEINER, D.O.

11/04/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCHEINER, DAVID DO  
Address: 1880 EAGLE HARBOR PKWY  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: MGRM  
Name: SCHEINER, MICHAEL MD  
Address: 1880 EAGLE HARBOR PKWY  
City-St-Zip: FLEMING ISLAND, FL 32003

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 Statutes.

SIGNATURE: DAVID SCHEINER, DO.

MGRM

11/04/2010

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