

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