

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90005 003 ****50.00

DOCUMENT # M02000003279

1. Entity Name

SCHEINER CLINIC LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3521 US Hwy 17, Ste B

Suite, Apt. #, etc.

Fleming Island, FL

City & State

32003

USA

Zip

Country

3. Mailing Address

3521 US Hwy 17, Ste B

Suite, Apt. #, etc.

Fleming Island, FL

City & State

32003

USA

Zip

Country

4. FEI Number

26-0025503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name David Scheiner, DO

Street Address (P.O. Box Number is Not Acceptable)
3521 US Hwy 17, Ste B

Fleming Island, FL 32003

City

FL

Zip Code

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM David Scheiner, DO 3521 US Hwy 17 Ste B Fleming Island, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM David Michael Scheiner, 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	

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
--

TITLE NAME STREET ADDRESS CITY-ST-ZIP
--

TITLE NAME STREET ADDRESS CITY-ST-ZIP
--

**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-10-03 (904) 213-8277