

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000004523

**Entity Name:** SHELTON-THOMPSON-VON SICK, PLC

**Current Principal Place of Business:**

5636 GRAND BLVD.  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

5636 GRAND BLVD.  
NEW PORT RICHEY, FL 34652

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

THOMPSON, DAVID W. DR.  
6709 RIDGE ROAD  
SUITE 106  
PORT RICHEY, FL 34668 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 W THOMPSON, DMD

04/22/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SHELTON, DAVID G  
Address 5636 GRAND BLVD.  
City-State-Zip: NEW PORT RICHEY FL 34652

Title MGRM  
Name THOMPSON, DAVID W  
Address 5636 GRAND BLVD.  
City-State-Zip: NEW PORT RICHEY FL 34652

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID W THOMPSON, DMD

MEMBER

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date