2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2015
Secretary of State
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Entity Name: SONJA L. SCHOEPPEL M.D., P.L.

Current Principal Place of Business:

833 SORRENTO ROAD
JACKSONVILLE, FL 32207

Current Mailing Address:

833 SORRENTO ROAD
JACKSONVILLE, FL 32207

FEI Number: 59-3109124

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOWARD, TIM
JAMES AND HARRIS, CPAS PA
857 EDGEWOOD AVE S
JACKSONVILLE, FL 32205 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: TIM HOWARD 01/04/2015

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	SCHOEPPEL, SONJA L
Address	833 SORRENTO ROAD
City-State-Zip:	JACKSONVILLE FL 32207

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: SONJA SCHOEPPEL, MD PRESIDENT 01/04/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date