2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L040000072667

Entity Name: THE INSTITUTE FOR FOOT & ANKLE SURGERY, P.L.L.C.

Current Principal Place of Business: 955 TOWN CENTER DRIVE, SUITE 100
ORANGE CITY, FL 32763

Current Mailing Address: PO BOX 471278
LAKE MONROE, FL 32747

FEI Number: 20-1717875 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: OGUUCHI, ADAOBI
1659 ASTOR FARMS PLACE
SANFORD, FL 32771 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.

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: RIVERA, JOSE A DPM
Address: 917 RINEHART ROAD SUITE 2061
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM
Name: NAVARRO, MARIELLE
Address: 917 RINEHART ROAD SUITE 2061
City-St-Zip: LAKE MARY, FL 32746

Title: MGR
Name: OGUUCHI, ADAOBI
Address: PO BOX 471278
City-St-Zip: LAKE MONROE, FL 32747

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: JOSE RIVERA MGRM 03/25/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date