2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000099048

Address:

City-St-Zip:

Entity Name: FLORIDA FOOT & ANKLE ASSOCIATES, LLC

FILED Oct 04, 2006 Secretary of State

| Current Principal Place of Business: | | New Principal | New Principal Place of Business: | |
|---|--|-------------------------------|--|--|
| ATTN: IRA BA 8940 NORTH I MIAMI, FL 331 | KENDALL DRIVE, STE. 801-E | | | |
| Current Mailing Address: | | New Mailing A | New Mailing Address: | |
| ATTN: IRA BA 8940 NORTH MIAMI, FL 331 | KENDALL DRIVE, STE. 801-E | | | |
| In accordance w | 1941024 FEI Number Applied For() ith s. 607.193(2)(b), F.S., the limited liability comp dress of Current Registered Agent: | any did not receive the price | | |
| 250 AUSTRAL SUITE 500 - JA | ······································ | | | |
| The above nar | ned entity submits this statement for the pu Florida. | rpose of changing its re | gistered office or registered agent, or both | |
| SIGNATURE: | IRA BAUM, D.P.M. | | | |
| | Electronic Signature of Registered Ager | t | Date | |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHAN | ADDITIONS/CHANGES: | |
| Title: | () Delete | Title: CO | O () Change (X) Addition | |

Address:

City-St-Zip:

7411 WAYNE AVE SUITE 7K

MIAMI BEACH, FL 33141 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: SAMANTHA DEMOSTHENIS COO 10/04/2006