

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099048

FILED
Jan 27, 2007
Secretary of State

Entity Name: FLORIDA FOOT & ANKLE ASSOCIATES, LLC

Current Principal Place of Business:

ATTN: IRA BAUM, D.P.M.
8940 NORTH KENDALL DRIVE, STE. 801-E
MIAMI, FL 33176

New Principal Place of Business:

9350 SOUTH DIXIE HWY.
PH II
MIAMI, FL 33156 US

Current Mailing Address:

ATTN: IRA BAUM, D.P.M.
8940 NORTH KENDALL DRIVE, STE. 801-E
MIAMI, FL 33176

New Mailing Address:

9350 SOUTH DIXIE HWY
PH II
MIAMI, FL 33156 US

FEI Number: 14-1941024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
250 AUSTRALIAN AVE.
SUITE 500 - JAF
W. PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

FISHMAN, LEW ESQ.
9130 SOUTH DADELAND BLVD.
SUITE 1121
MIAMI, FL 33156 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: LEW FISHMAN, ESQ.

01/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: COO () Delete
Name: DEMOSTHENIS, SAMANTHA
Address: 7411 WAYNE AVE SUITE 7K
City-St-Zip: MIAMI BEACH, FL 33141 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FLORIDA FOOT & ANKLE, ASSOC. LLC
Address: 9350 SOUTH DIXIE HWY. PH II
City-St-Zip: MIAMI, FL 33156 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

01/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date