

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099048

FILED
Apr 27, 2009
Secretary of State

Entity Name: FLORIDA FOOT & ANKLE ASSOCIATES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

8200 NW 27 STREET
SUITE 108
DORAL, FL 33122 US

Current Mailing Address:

9350 SOUTH DIXIE HWY
PH II
MIAMI, FL 33156 US

New Mailing Address:

8200 NW 27 STREET
SUITE 108
DORAL, FL 33122 US

FEI Number: 14-1941024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ZWICK, THOMAS A DPM
Address: 8200 NW 27 STREET, #108
City-St-Zip: DORAL, FL 33122 US

Title: MGR () Change (X) Addition
Name: HOCHMAN, RICHARD DPM
Address: 8200 NW 27 STREET, #108
City-St-Zip: DORAL, FL 33122 US

Title: MGR () Change (X) Addition
Name: DETWEILER, MICHELLE DPM
Address: 8200 NW 27 STREET, #108
City-St-Zip: DORAL, FL 33122 US

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS A. ZWICK, DPM

MGR

04/27/2009

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