

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099048

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA FOOT & ANKLE ASSOCIATES, LLC

**Current Principal Place of Business:**

8200 NW 27 STREET  
SUITE 108  
DORAL, FL 33122 US

**New Principal Place of Business:**

**Current Mailing Address:**

8200 NW 27 STREET  
SUITE 108  
DORAL, FL 33122 US

**New Mailing Address:**

**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:**

ZWICK, THOMAS  
8200 NW 27 STREET  
SUITE 108  
MIAMI, FL 33122 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: THOMAS ZWICK, DPM      04/07/2010  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

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: THOMAS ZWICK      DR.      04/07/2010  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date