2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087784

City-St-Zip:

Entity Name: JP PODIATRY PROPERTIES, LLC

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4895 WINDWARD PASSAGE DRIVE, SUITE 7 4895 WINDWARD PASSAGE DRIVE, SUITE 7

BOYNTON BEACH, FL 33456 BOYNTON BEACH, FL 33463

Current Mailing Address: New Mailing Address:

4895 WINDWARD PASSAGE DRIVE, SUITE 7 4895 WINDWARD PASSAGE DRIVE, SUITE 7

BOYNTON BEACH, FL 33456 BOYNTON BEACH, FL 33463

FEI Number: 26-3429418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST.

4895 WINDWARD PASSAGE DRIVE
SUITE 7

4TH FLOOR SUITE 7
MIAMI, FL 33145 US BOYNTON BEACH, FL 33463 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.

City-St-Zip:

SIGNATURE: PAUL WEINER 03/24/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

Name: WEINER, PAUL Name: Address: 4895 WINDWARD PASSAGE DRIVE, SUITE 7 Address:

Title: MGR () Delete Title: () Change () Addition

 Title:
 MGR () Delete
 Title:

 Name:
 NEWMAN, JAY
 Name:

 Address:
 4895 WINDWARD PASSAGE DRIVE, SUITE 7
 Address:

 City-St-Zip:
 BOYNTON BEACH, FL 33456
 City-St-Zip:

BOYNTON BEACH, FL 33456

Title: S () Delete Title: () Change () Addition

 Name:
 NEWMAN, JAY
 Name:

 Address:
 4895 WINDWARD PASSAGE DRIVE, SUITE 7
 Address:

 City-St-Zip:
 BOYNTON BEACH, FL 33456
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 WEINER, PAUL
 Name:

 Address:
 4895 WINDWARD PASSAGE DRIVE, SUITE 7
 Address:

 City-St-Zip:
 BOYNTON BEACH, FL 33456
 City-St-Zip:

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: PAUL WEINER PRES 03/24/2009