Entity Name: THE INSTITUTE FOR FOOT & ANKLE SURGERY, P.L.L.C.
Current Principal Place of Business:
955 TOWN CENTER DRIVE, SUITE 100
ORANGE CITY, FL 32763

Current Mailing Address:
PO BOX 471278
LAKE MONROE, FL 32747

FEI Number: 20-1717875
Certificate of Status Desired: No

Name and Address of Current Registered Agent:
OGUCHI, ADAOBI
1659 ASTOR FARMS PLACE
SANFORD, FL 32771 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:
Electronic Signature of Registered Agent

Authorized Person(s) Detail:

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<th>MGR</th>
<th>Name</th>
<th>MGRM</th>
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<tr>
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I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADAOBI OGUCHI
MANAGER
01/15/2015