

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000099048

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

**Current Principal Place of Business:**

8200 NW 27 STREET  
SUITE 108  
DORAL, FL 33122

**Current Mailing Address:**

8200 NW 27 STREET  
SUITE 108  
DORAL, FL 33122 US

**FEI Number:** 14-1941024

**Certificate of Status Desired:** No

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

ZWICK, THOMAS DPM  
1321 NW 14TH STREET  
SUITE 103  
MIAMI, FL 33125 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name ZWICK, THOMAS DPM  
Address 1321 NW 14TH STREET, SUITE 103  
City-State-Zip: MIAMI FL 33125

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

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

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS ZWICK

**REGISTERED AGENT**

**04/17/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date