

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000080066

**Entity Name:** ADVANCE TAMPA BAY FOOT MEDICAL, LLC

**Current Principal Place of Business:**

4543 S. MANHATTAN AVE.  
104  
TAMPA, FL 33611-2330

**Current Mailing Address:**

4543 S. MANHATTAN AVE.  
104  
TAMPA, FL 33611-2330 US

**FEI Number: 46-0622716**

**Certificate of Status Desired: No**

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

LE, BENJAMIN QDPM  
4543 S. MANHATTAN AVE.  
104  
TAMPA, FL 33611-2330 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 MGRM  
Name LE, BENJAMIN DPM  
Address 4543 S. MANHATTAN AVE., STE 104  
City-State-Zip: TAMPA FL 33611-2330

Title MGRM  
Name LE, MARILYN DPM  
Address 4543 S. MANHATTAN AVE, STE 104  
City-State-Zip: TAMPA FL 33611-2330

*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: BENJAMIN LE**

**MGRM**

**04/12/2013**

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

\_\_\_\_\_  
Date