

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000080066

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

**Current Principal Place of Business:**

3325 W GANDY BLVD  
TAMPA, FL 33611-2931

**Current Mailing Address:**

P O BOX 13485  
TAMPA, FL 33681-3485 US

**FEI Number:** 46-0622716

**Certificate of Status Desired:** No

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

LE, BENJAMIN Q DPM  
3325 W GANDY BLVD  
TAMPA, FL 33611-2931 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:** BENJAMIN LE

04/24/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LE, BENJAMIN DPM  
Address P O BOX 13485  
City-State-Zip: TAMPA FL 33681-3485

Title MGRM  
Name LE, MARILYN DPM  
Address P O BOX 13485  
City-State-Zip: TAMPA FL 33681-3485

Title MGRM  
Name LE, ISAAC Q  
Address P O BOX 13485  
City-State-Zip: TAMPA FL 33681-3485

*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:** BENJAMIN LE

MBR

04/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date