

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000136065

**Entity Name:** AG FOOT AND ANKLE CARE, LLC

**Current Principal Place of Business:**

6101 PINE RIDGE 3RD FLOOR  
DESK 32  
NAPLES, FL 33119

**Current Mailing Address:**

6101 PINE RIDGE 3RD FLOOR  
DESK 32  
NAPLES, FL 33119 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

AXIOM ACCOUNTING  
4951 NORTH TAMiami TRAIL  
SUITE 103  
NAPLES, FL 34103 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:** ESTELA MORALES

04/24/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            ADARVE, IRIS P  
Address         3000 SW 3RD AVE, APT 1011  
City-State-Zip: MIAMI FL 33129

*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:** IRIS ADARVE

PRESIDENT

04/24/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date