


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90044 046 ****50.00

DOCUMENT # L00000010891	
1. Entity Name CENTRAL FLORIDA FOOT AND ANKLE CENTER, L.L.C.	

Principal Place of Business 101 SIXTH ST., N.W. WINTER HAVEN, FL 33881	Mailing Address 101 SIXTH ST., N.W. WINTER HAVEN, FL 33881
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DO NOT WRITE IN THIS SPACE

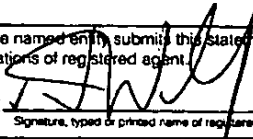
03012006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3669428	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TATIANA WELLENS-BRUSCHAYT, TATIANA A 101 SIXTH ST., N.W. WINTER HAVEN, FL 33881

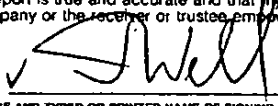
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>	Tatiana Wellens Bruschayt <small>(NOTE: Registered Agent signature required when renouncing)</small> President
	DATE 3/6/6

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WELLENS, TATIANA 101 SIXTH ST., N.W. WINTER HAVEN, FL 33881
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Tatiana Wellens-Bruschayt President Date 3/6/6 Daytime Phone #