

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2007 08:00 A
Secretary of State

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



03132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3669428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELLENS-BRUSCHAYT, TATLANA A
101 SIXTH ST., N.W.
WINTER HAVEN, FL 33881

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000681253
04/04/07-80037-002 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|------------------------|
| TITLE | MGR |
| NAME | WELLENS, TATIANA |
| STREET ADDRESS | 101 SIXTH ST., N.W. |
| CITY- ST- ZIP | 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/28/07 863-694-4557