## 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L00000012309

City-St-Zip:

SEMINOLE, FL 33772

FILED Oct 19, 2004 Secretary of State

Entity Name: WEST CENTRAL PODIATRY CONSULTANTS, P.L.

**New Principal Place of Business: Current Principal Place of Business:** 10875 PARK BLVD. SUITE C SEMINOLE, FL 33772 **New Mailing Address: Current Mailing Address:** 10875 PARK BLVD. SUITE C SEMINOLE, FL 33772 FEI Number: 59-3678618 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAMEROFF, DANIEL M 10875 PARK BLVD STEC SEMINOLE, FL 33772 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 MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: ( ) Delete Title: () Change () Addition HAMEROFF, DANIEL M Name: Name: Address: 10875 PARK BLVD STE C Address: City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: Title: MGR () Delete Title: () Change () Addition HAMEROFF, BRIAN K Name: Name: Address: 10875 PARK BLVD STE C Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

City-St-Zip:

SIGNATURE: DANIEL M. HAMEROFF MRG 10/19/2004