

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L00000012309

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

10863 PARK BLVD.  
SUITE A  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

10863 PARK BLVD.  
SUITE A  
SEMINOLE, FL 33772

**New Mailing Address:**

**FEI Number:** 59-3678618      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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  
10863 PARK BLVD  
STE A  
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:** DANIEL M. HAMEROFF

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** HAMEROFF, DANIEL M  
**Address:** 10863 PARK BLVD STE A  
**City-St-Zip:** SEMINOLE, FL 33772

**Title:** MGR  
**Name:** HAMEROFF, BRIAN K  
**Address:** 10863 PARK BLVD STE A  
**City-St-Zip:** SEMINOLE, FL 33772

I hereby 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.

**SIGNATURE:** BRIAN K. HAMEROFF

MGR

04/08/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date