

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000012309

**FILED**  
**Jul 05, 2011**  
**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 ( )**

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

HAMEROFF, DANIEL M  
10863 PARK BLVD  
STE A  
SEMINOLE, FL 33772 US

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

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/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:** DANIEL HAMEROFF

MGR

07/05/2011

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