2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
May 22, 2007
Secretary of State

DOCUMENT# L01000016228

Entity Name: FAMILY PODIATRY CENTERS OF ST. PETERSBURG, P.L.

Current Principal Place of Business:

4703 CENTRAL AVE.
ST PETERSBURG, FL 33713

New Principal Place of Business:

5027 CENTRAL AVE.
ST PETERSBURG, FL 33710

Current Mailing Address:

4703 CENTRAL AVE.
ST PETERSBURG, FL 33713

New Mailing Address:

5027 CENTRAL AVE.
ST PETERSBURG, FL 33710

FEI Number: 59-3746825 **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:

POWELL, CHRIS M
4703 CENTRAL AVE
ST PETERSBURG, FL 337138139 US

Name and Address of New Registered Agent:

POWELL, CHRIS M
5027 CENTRAL AVE
ST PETERSBURG, FL 33710 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: CHRIS M. POWELL 05/22/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: POWELL, CHRIS M
Address: 4703 CENTRAL AVE.
City-St-Zip: ST PETERSBURG, FL 33713

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: POWELL, CHRIS M
Address: 5027 CENTRAL AVE.
City-St-Zip: ST PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: CHRIS M. POWELL MGR 05/22/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date