

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000016228

FILED
Oct 30, 2008
Secretary of State

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

Current Principal Place of Business:

5027 CENTRAL AVE.
ST PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

5027 CENTRAL AVE.
ST PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 59-3746825 **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:

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

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

DR.

10/30/2008

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