

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000020802

FILED
Oct 10, 2005
Secretary of State

Entity Name: JAFFRAY PODIATRY CENTER, LLC

Current Principal Place of Business:

15511 N. FLORIDA AVE. SUITE 502
TAMPA, FL 33613

New Principal Place of Business:

812 W MARTIN LUTHER BLVD
SUITE 102
TAMPA, FL 33603

Current Mailing Address:

P.O. BOX 340683
TAMPA, FL 33694 US

New Mailing Address:

FEI Number: 68-0510548 **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:

ROSS, JACK M
7507 ALLOWAY ST.
TAMPA, FL 33625 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: KEVIN A JAFFRAY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JAFFRAY, KEVIN A
Address: 12744 TRUCIOUS PLACE
City-St-Zip: TAMPA, FL 33625 US

Title: MGR () Delete
Name: WALSH, WENDY L
Address: 1428 FOX CHAPEL DR
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES:

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

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

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.

SIGNATURE: WENDY WALSH

MGR

10/10/2005

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