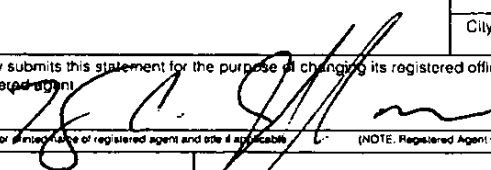
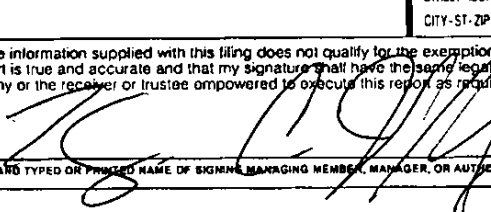


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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7/18/2007-90014-039-\$55.00-\$55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 16 PM 3:53

DOCUMENT # L02000020802			
1. Entity Name JAFFRAY PODIATRY CENTER, LLC			
Principal Place of Business 842 W MARTIN LUTHER BLVD SUITE 102 TAMPA, FL 33603		Mailing Address P.O. BOX 340683 TAMPA, FL 33694 US	
2. Principal Place of Business - No P.O. Box 2700 W. Martin Luther King Suite, Apt. #, etc. Suite 210 City & State Tampa, FL Zip 33607		3. Mailing Address Suite, Apt. #, etc. City & State Country Hillsborough	
4. FEI Number 68-0510548		Applied For Not Applicable	
5. Certificate of Status Desired X		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSS, JACK M 7507 ALLOWAY ST. TAMPA, FL 33625		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 7-11-07	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAFFRAY, KEVIN A 12744 TRUCIOUS PLACE TAMPA, FL 33625 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, WENDY L 1428 FOX CHAPEL DR LUTZ, FL 33549 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 		Date 8-28-07	