

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020802

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: JAFFRAY PODIATRY CENTER, LLC

**Current Principal Place of Business:**

2700 W MARTIN LUTHER KING  
STE 210  
TAMPA, FL 33607

**New Principal Place of Business:**

**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 (X)

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

ROSS, JACK M  
7507 ALLOWAY ST.  
TAMPA, FL 33625 US

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

ROSS, JACK M  
15403 LAKE MAGDELENE BLVD  
TAMPA, FL 33613 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:

04/29/2008

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JAFFRAY, KEVIN A  
Address: PO BOX 340683  
City-St-Zip: TAMPA, FL 33694 US

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: KEVIN A. JAFFRAY

MGRM

04/29/2008

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