

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90153 010 ****50.00

DOCUMENT # L02000024704

1. Entity Name

BORNSTEIN PODIATRY ASSOCIATES, L.L.C.



Principal Place of Business

**3009 ALOMA AVENUE
WINTER PARK FL 32792**

Mailing Address

**3009 ALOMA AVENUE
WINTER PARK FL 32792**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2380053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO FL 32803**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BORNSTEIN, BURTON DR	
STREET ADDRESS	3009 ALMOMA AVE.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BORNSTEIN, GERALD DR	
STREET ADDRESS	3009 ALMOMA AVE.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SARANITA, ANTHONY DR	
STREET ADDRESS	3009 ALMOMA AVE.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	T	<input type="checkbox"/> Delete
NAME	BORNSTEIN, MARK DR	
STREET ADDRESS	4861 S. ORANGE AVE. SUITE D	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-23-06 407 6579188