2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L02000032653

Entity Name: PODIATRY NETWORK SOLUTIONS OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

1575 SAN IGNACIO AVENUE
STE. PH
CORAL GABLES, FL 33146 US

New Principal Place of Business:

7220 NW 36 STREET
STE. 103
MIAMI, FL 33166 US

Current Mailing Address:

1575 SAN IGNACIO AVENUE
STE. PH
CORAL GABLES, FL 33146 US

New Mailing Address:

7220 NW 36 STREET
STE. 103
MIAMI, FL 33166 US

FEI Number: 11-3665803 **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:

DENES, GREG
14255 U.S. HIGHWAY ONE
SUITE 243
JUNO BEACH, FL 33408 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PODIATRY NETWORK SOL, UTIONS OF S FL A , LLC
Address: 1575 SAN IGNACIO AVENUE, PH
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PODIATRY NETWORK SOL, UTIONS OF S FL A , LLC
Address: 7220 NW 36 STREET , SUITE 103
City-St-Zip: MIAMI, FL 33166

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: PODIATRY NETWORK SOLUTIONS OF S FLA, LLC MGR 05/01/2007

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