

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000035028

FILED  
Jan 07, 2004  
Secretary of State

**Entity Name:** THE FOOT & ANKLE GROUP OF ST. LUCIE WEST, LLC

**Current Principal Place of Business:**

1651 SW TIFFANY AVENUE  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1651 SW TIFFANY AVENUE  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 71-0920016

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPROHA, STEPHEN DPM  
1651 SW TIFFANY AVENUE  
PORT ST. LUCIE, FL 34952 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: BRESLAUER, CRAIG DPM  
Address: 3087 SW MARTIN DOWNS BOULEVARD  
City-St-Zip: PALM CITY, FL 34990

Title: MGRM ( ) Delete  
Name: SCHILERO, JOHN DPM  
Address: 911 VILLAGE BOULEVARD, STE. 807  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGRM ( ) Change (X) Addition  
Name: SPROHA, STEPHEN DPM  
Address: 1651 SE TIFFANY AVE  
City-St-Zip: PORT ST. LUCIE, FL 34952

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: STEPHEN SPROHA

MGRM

01/07/2004

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