


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 08, 2005 8:00 am
Secretary of State

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| DOCUMENT # L02000035028 1. Entity Name FLORIDA FOOT & ANKLE, LLC | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 1405 SE GOLDTREE DR. SUITE C PORT ST. LUCIE, FL 34952 | | | Mailing Address 1405 SE GOLDTREE DR. SUITE C PORT ST. LUCIE, FL 34952 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | | City & State | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | | Country | | Zip | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | Country | | 4. FEI Number 71-0920016 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent SPROHA, STEPHEN DPM 1651-SW TIFFANY AVENUE PORT ST. LUCIE, FL 34952 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | FL Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>SPROHA, STEPHEN DPM</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1651 SE TIFFANY AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT ST. LUCIE, FL 34952</td> <td></td> </tr> </table> | | | TITLE | NAME | Delete | NAME | SPROHA, STEPHEN DPM | <input type="checkbox"/> | STREET ADDRESS | 1651 SE TIFFANY AVE | | CITY-ST-ZIP | PORT ST. LUCIE, FL 34952 | | 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td>Vice President Sproha, Melissa A.</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1405 S.E. Goldtree Drive Suite C</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Port St. Lucie, FL 34952</td> <td></td> </tr> </table> | | | TITLE | NAME | Change Addition | NAME | Vice President Sproha, Melissa A. | <input type="checkbox"/> <input checked="" type="checkbox"/> | STREET ADDRESS | 1405 S.E. Goldtree Drive Suite C | | CITY-ST-ZIP | Port St. Lucie, FL 34952 | |
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SIGNATURE: Stephen Sproha, Manager

2/24/05

772-380-0900

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

Date

Daytime Phone #