

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90057 013 ****50.00

DOCUMENT # L02000035028

1. Entity Name

THE FOOT & ANKLE GROUP OF ST. LUCIE WEST



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1651 SE Tiffany Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Port St. Lucie, FL

City & State

Zip

34952

Country

USA

Zip

Country

4. FEI Number

71-092-0616

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Stephen J. Spraha

Street Address (P.O. Box Number is Not Acceptable)

1651 SE Tiffany Ave

City

Port St. Lucie

FL

Zip Code

34952

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.

Stephen Spraha, Manager

2/15/03

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Dr. Craig Breslauer 3087 SW Martin Downs Blvd. Palm City, FL 34980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Dr. John Schilero 911 Village Blvd, # 807 West Palm Beach, FL 33409
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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

2/15/03

Date

772-871-6677

Daytime Phone #

CR2E083B (12/02)