

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000884

FILED
Apr 29, 2009
Secretary of State

Entity Name: ADVANCED FOOT & ANKLE CENTER OF WESTON, LLC

Current Principal Place of Business:

1875 N. CORPORATE LAKES BLVD.
SUITE 200
WESTON, FL 33326

New Principal Place of Business:

17160 ROYAL PALM BLVD
SUITE 2
WESTON, FL 33326

Current Mailing Address:

1875 N. CORPORATE LAKES BLVD.
SUITE 200
WESTON, FL 33326

New Mailing Address:

17160 ROYAL PALM BLVD
SUITE 2
WESTON, FL 33326

FEI Number: 30-0143942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WGW ADVERTISING, INC.
81 N. DEERFIELD AVENUE
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

SEGALL, ARTHUR
ADVANCED FOOT & ANKLE CENTER OF WESTON
17160 ROYAL PALM BLVD
#2
WESTON, FL 33326 US

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: ARTHUR SEGALL

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ADVANCED FOOT & ANKLE CENTER OF WESTON
Address: 1875 N. CORPORATE LAKES BLVD., SUITE 200
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ADVANCED FOOT & ANKLE CENTER OF WESTON
Address: 17160 ROYAL PALM BLVD., SUITE 2
City-St-Zip: WESTON, FL 33326

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: ARTHUR SEGALL

MGRM

04/29/2009

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