2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# L03000013254

Entity Name: MOBILE PODIATRY CARE, LLC

Current Principal Place of Business:

1151 LANCER LANE
UNIT H
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

1151 LANCER LANE
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

1151 LANCER LANE
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 11-3696517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WARD, ROBERT J DPM
1151 LANCER LANE
TARPON SPRINGS, FL 34689 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: MGRM ( ) Delete
Name: WARD, ROBERT J
Address: 1151 LANCER LANE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WARD, ROBERT J DPM
Address: 1151 LANCER LANE
City-St-Zip: TARPON SPRINGS, FL 34689

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: ROBERT J. WARD DPM 03/06/2009

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