

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90021 003 ****50.00

DOCUMENT # L03000026004 1. Entity Name FLEMING ISLAND FOOT AND ANKLE CENTER, LLC					
Principal Place of Business 1590 ISLAND LANE SUITE 1 ORANGE PARK, FL 32003 US			Mailing Address 1590 ISLAND LANE SUITE 1 ORANGE PARK, FL 32003 US		
2. Principal Place of Business 168 BLANDING BLVD. Suite, Apt. #, etc. STE. 2		3. Mailing Address 168 BLANDING BLVD. Suite, Apt. #, etc. SUITE 2			
City & State ORANGE PARK, FL Zip 32073		City & State ORANGE PARK, FL Zip 32073		4. FEI Number 56-2342626	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LAGOUTARIS, EFSTRATIOS D DPM 1590 ISLAND LANE SUITE 1 ORANGE PARK, FL 32003			7. Name and Address of New Registered Agent Name EFSTRATIOS -D. LAGOUTARIS, D.P.M Street Address (P.O. Box Number is Not Acceptable) 168 BLANDING BLVD., STE 2 ORANGE PARK City FL Zip Code 32073		
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 <u>SAME REGISTERED AGENT</u> (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAGOUTARIS, EFSTRATIOS D 1590 ISLAND LN SUITE 1 ORANGE PARK, FL 32003	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAGOUTARIS, EFSTRATIOS D. 168 BLANDING BLVD, STE 2 ORANGE PARK, FL 32073
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAGOOLARIS, EMMANUEIL D 1590 ISLAND LN SUITE 1 ORANGE PARK, FL 32003	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAGOUTARIS, EMMANUEL D. 168 BLANDING BLVD., STE 2 ORANGE PARK, FL 32073
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>EMMANUEL D. LAGOUTARIS, D.P.M.</u> <u>Emmanuel D. Lagoutaris, D.P.M.</u> 4/11/05 (904) 272-7553					