

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026004

FILED
Feb 05, 2008
Secretary of State

Entity Name: FLEMING ISLAND FOOT AND ANKLE CENTER, LLC

Current Principal Place of Business:

300 KINGSLEY LAKE DRIVE
SUITE 402
ST. AUGUSTINE, FL 32092 US

New Principal Place of Business:

Current Mailing Address:

300 KINGSLEY LAKE DRIVE
SUITE 402
ST. AUGUSTINE, FL 32092 US

New Mailing Address:

FEI Number: 56-2342626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAGOUTARIS, EFSTRATIOS D DPM
300 KINGSLEY LAKE DRIVE
SUITE 402
ST. AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

LAGOUTARIS, EMMANUEL D DPM
300 KINGSLEY LAKE DRIVE
SUITE 402
ST. AUGUSTINE, FL 32092 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: EMMANUEL D. LAGOUTARIS, DPM

02/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAGOUTARIS, EFSTRATIOS D
Address: 300 KINGSLEY LAKE DRIVE, STE. 402
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: LAGOUTARIS, EMMANUEL D
Address: 300 KINGSLEY LAKE DRIVE., STE. 402
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM (X) Delete
Name: LAGOUTARIS, JOHN D
Address: 300 KINGSLEY LAKE DRIVE, STE. 402
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LAGOUTARIS, EMMANUEL D DPM
Address: 300 KINGSLEY LAKE DRIVE, STE. 402
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM (X) Change () Addition
Name: LAGOUTARIS, JOHN D
Address: 300 KINGSLEY LAKE DRIVE., STE. 402
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EMMANUEL D. LAGOUTARIS, DPM

MGRM

02/05/2008

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