


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000031135  
 1. Entity Name  
 PODIATRY PROPERTIES, LLC



Principal Place of Business 2201 JENKS AVENUE PANAMA CITY, FL 32405	Mailing Address 2201 JENKS AVENUE PANAMA CITY, FL 32405
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**DO NOT WRITE IN THIS SPACE**



03042005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0164936	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HODSON, LARRY L D.P.M.  
 2201 JENKS AVENUE  
 PANAMA CITY, FL 32405

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2005**


U00000272128  
 03/21/05-80074-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HODSON, LARRY L DPM 2201 JENKS AVENUE PANAMA CITY, FL 32405
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 3-14-05 DAYTIME PHONE #: 850-767-0325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE