


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90026 045 ****50.00

DOCUMENT # L03000031135 1. Entity Name PODIATRY PROPERTIES, LLC	
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20044506



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

04112006 No Chg-LLC CR2E083 (11/05)

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.

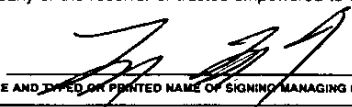
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

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 exemptions contained in Chapter 119, 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: 4-26-06 Daytime Phone # _____