


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90025 035 ****50.00

DOCUMENT # L03000041144 1. Entity Name THE FOOT DOCTORS, LLC					
Principal Place of Business 7144 NOB HILL ROAD TAMARAC, FL 33321			Mailing Address 7144 NOB HILL ROAD TAMARAC, FL 33321		
2. Principal Place of Business 3912 SE 18 TERR Suite, Apt. #, etc.			3. Mailing Address 3912 SE 18 TERR Suite, Apt. #, etc.		
City & State OKECHOBEE FL		City & State OKECHOBEE FL		4. FEI Number 13-4270679	
Zip 34974		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HASPEL, ARTHUR 7144 NOB HILL ROAD TAMARAC, FL 33321				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1814 NE MIAMI GARDENS DR #701 City N Miami Bch FL Zip Code 33179	
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><i>Arthur Carl Haspel</i></u> DATE <u>1-27-06</u> <small>Signature, typed or printed name of authorized agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV HASPEL, ARTHUR 7144 NOB HILL ROAD TAMARAC, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1814 NE MIAMI GARDENS DR #701 N Miami Bch FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FINKE, BRIAN 7144 NOB HILL ROAD TAMARAC, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Arthur Carl Haspel</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>1/27/06</u> Daytime Phone # <u>954 205 6304</u>	

20004166



01062006 Chg-LLC CR2E083 (11/05)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1814 NE MIAMI GARDENS DR #701
City
N Miami Bch FL Zip Code
33179

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 *Arthur Carl Haspel* DATE 1-27-06
Signature, typed or printed name of authorized agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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SIGNATURE: *Arthur Carl Haspel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 1/27/06 Daytime Phone # 954 205 6304