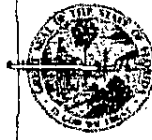


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000041144**

1. Entity Name  
**THE FOOT DOCTORS, LLC**



Principal Place of Business  
**3912 SE 18TH TERRACE  
OKEECHOBEE, FL 34974**

Mailing Address  
**3912 SE 18TH TERRACE  
OKEECHOBEE, FL 34974**

**DO NOT WRITE IN THIS SPACE**



01202008 No Chg-LLC CR2E083 (12/07)

4. FEI Number  
**13-4270679**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HASPEL, ARTHUR  
1814 NE MIAMI GARDENS DR #701  
MIAMI, FL 33179**

**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 *Arthur Haspel* (NOTE: Registered Agent signature required when re-registering)

DATE **3/19/08**

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE <b>PV</b>	NAME <b>HASPEL, ARTHUR</b>
STREET ADDRESS <b>1814 NE MIAMI GARDENS DR #701</b>	
CITY-ST-ZIP <b>MIAMI, FL 33179</b>	
TITLE <b>ST</b>	NAME <b>FINKE, BRIAN</b>
STREET ADDRESS <b>7144 NOB HILL ROAD</b>	
CITY-ST-ZIP <b>TAMARAC, FL 33321</b>	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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04/09/08-80013-001-138.75

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: *Arthur Haspel*

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

Date **12/2/08** Daytime Phone #