

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014062

FILED
May 03, 2006
Secretary of State

Entity Name: LIGHTHOUSE FOOT & ANKLE CENTER, PLLC

Current Principal Place of Business:

2034 NE 36TH STREET
LIGHTHOUSE POINT, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

5247 DEERHURST CRESENT CIRCLE
BOCA RATON, FL 33486 US

New Mailing Address:

2034 E.SAMPLE ROAD
LIGHTHOUSE POINT, FL 33064 US

FEI Number: 14-1910687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

D'ALTILIO, COLETTE T
5247 DEERHURST CRESENT CIRCLE
BOCA RATON, FL 33486 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: D'ALTILIO, COLETTE T
Address: 5247 DEERHURST CRESENT CIRCLE
City-St-Zip: BOCA RATON, FL 33486 US

Title: MGRM () Delete
Name: D'ALTILIO, CHRISTOPHER A
Address: 5347 DEERHURST CRESENT CIRCLE
City-St-Zip: BOCA RATON, FL 33486 US

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: COLETTE D'ALTILIO

MGR

05/03/2006

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