

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062566

Entity Name: S & S PODIATRY, LLC

FILED
May 08, 2007
Secretary of State

Current Principal Place of Business:

2830 FAIRWAYS DRIVE
HOMESTEAD, FL 33035 US

New Principal Place of Business:

Current Mailing Address:

2830 FAIRWAYS DRIVE
HOMESTEAD, FL 33035 US

New Mailing Address:

FEI Number: 20-1528591 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:

SANDLER, DMITRY
2830 FAIRWAYS DRIVE
HOMESTEAD, FL 33035 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: MGRM () Delete
Name: DMITRY, SANDLER
Address: 2830 FAIRWAYS DRIVE
City-St-Zip: HOMESTEAD, FL 33035 US

Title: MGRM () Delete
Name: STEPENSKY, LEON
Address: 925 HAMPTON AVENUE
City-St-Zip: BROOKLYN, NY 11235 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 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: DMITRY SANDLER

DPM

05/08/2007

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