

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072667

FILED
Mar 01, 2005
Secretary of State

Entity Name: THE INSTITUTE FOR FOOT & ANKLE SURGERY, P.L.L.C.

Current Principal Place of Business:

2720 REBECCA LANE
SUITE 102
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

2720 REBECCA LANE
SUITE 102
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 20-1717875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, JOSE A DPM
1390 SHADY KNOLL COURT
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGR () Delete
Name: RIVERA, JOSE A DPM
Address: 1390 SHADY KNOLL COURT
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM () Delete
Name: NAVARRO, MARIELLE
Address: 1390 SHADY KNOLL COURT
City-St-Zip: LONGWOOD, FL 32750

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 Section 119.07(3)(i), 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: JOSE RIVERA

MGMR

03/01/2005

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