

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072667

FILED
Mar 25, 2010
Secretary of State

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

Current Principal Place of Business:

955 TOWN CENTER DRIVE, SUITE 100
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

PO BOX 471278
LAKE MONROE, FL 32747

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:

OGUCHI, ADAOBI
1659 ASTOR FARMS PLACE
SANFORD, FL 32771 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/MANAGERS:

Title: MGR
Name: RIVERA, JOSE A DPM
Address: 917 RINEHART ROAD SUITE 2061
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM
Name: NAVARRO, MARIELLE
Address: 917 RINEHART ROAD SUITE 2061
City-St-Zip: LAKE MARY, FL 32746

Title: MGR
Name: OGUCHI, ADAOBI
Address: P O BOX 471278
City-St-Zip: LAKE MONROE, FL 32747

I hereby 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

MGRM

03/25/2010

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