

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000008863

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** DELAND FOOT AND LEG CENTER, LLC

**Current Principal Place of Business:**

1070 N. STONE ST.  
SUITE E  
DELAND, FL 32720 US

**New Principal Place of Business:**

844 NORTH STONE STREET  
SUITE 208  
DELAND, FL 32720 US

**Current Mailing Address:**

1070 N. STONE ST.  
SUITE E  
DELAND, FL 33325

**New Mailing Address:**

844 NORTH STONE STREET  
SUITE 208  
DELAND, FL 32720 US

**FEI Number:** 25-1913567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PULAPAKA, JENNEFFER  
1070 N. STONE ST.  
SUITE E  
DELAND, FL 32720 US

**Name and Address of New Registered Agent:**

PULAPAKA, JENNEFFER  
844 NORTH STONE STREET  
SUITE 208  
DELAND, FL 32720 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: \_\_\_\_\_

02/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PULAPAKA, JENNEFFER  
Address: 844 NORTH STONE STREET SUITE 208  
City-St-Zip: DELAND, FL 32720 US

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: DR. JENNEFFER SCHNELLER-PULAPAKA

MGRM

02/07/2012

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