

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045294

Entity Name: TOTAL LEG CARE, LLC

FILED  
Mar 17, 2006  
Secretary of State

## Current Principal Place of Business:

5535 MARQUESAS CIRCLE  
SARASOTA, FL 34238 US

## New Principal Place of Business:

5535 MARQUESAS CIRCLE  
SARASOTA, FL 34233 US

## Current Mailing Address:

5535 MARQUESAS CIRCLE  
SARASOTA, FL 34238 US

## New Mailing Address:

5535 MARQUESAS CIRCLE  
SARASOTA, FL 34233 US

FEI Number: 01-0488255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: MGRM ( ) Delete  
Name: WALTERS, WILLIAM B M.D.  
Address: 5535 MARQUESAS CIRCLE  
City-St-Zip: SARASOTA, FL 34238 US

Title: MGRM ( ) Delete  
Name: WALTERS, LESLEY P  
Address: 5535 MARQUESAS CIRCLE  
City-St-Zip: SARASOTA, FL 34238 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WALTERS, WILLIAM B M.D.  
Address: 5535 MARQUESAS CIRCLE  
City-St-Zip: SARASOTA, FL 34233 US

Title: MGRM (X) Change ( ) Addition  
Name: WALTERS, LESLEY P  
Address: 5535 MARQUESAS CIRCLE  
City-St-Zip: SARASOTA, FL 34233 US

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: WILLIAM B. WALTERS, M.D>

MGRM

03/17/2006

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