

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000099048

**FILED**  
**Oct 04, 2006**  
**Secretary of State**

**Entity Name:** FLORIDA FOOT & ANKLE ASSOCIATES, LLC

**Current Principal Place of Business:**

ATTN: IRA BAUM, D.P.M.  
8940 NORTH KENDALL DRIVE, STE. 801-E  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: IRA BAUM, D.P.M.  
8940 NORTH KENDALL DRIVE, STE. 801-E  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 14-1941024      **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:**

CORPORATION COMPANY OF MIAMI  
250 AUSTRALIAN AVE.  
SUITE 500 - JAF  
W. PALM BEACH, FL 33401 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: IRA BAUM, D.P.M.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: COO ( ) Change (X) Addition  
Name: DEMOSTHENIS, SAMANTHA  
Address: 7411 WAYNE AVE SUITE 7K  
City-St-Zip: MIAMI BEACH, FL 33141 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: SAMANTHA DEMOSTHENIS

COO

10/04/2006

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