

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000100739

**FILED**  
**Apr 13, 2009**  
**Secretary of State**

**Entity Name:** FAMILY FOOT AND ANKLE, LLC

**Current Principal Place of Business:**

4600 SW 46TH CT  
SUITE 370  
OCALA, FL 34474 US

**New Principal Place of Business:**

**Current Mailing Address:**

3240 SW 34TH ST.  
#402  
OCALA, FL 34474

**New Mailing Address:**

4600 SW 46TH CT  
SUITE 370  
OCALA, FL 34474 US

**FEI Number:** 20-3612404 **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:**

NOROOZI, SHEILA DR.  
3240 SW 34TH ST.  
#402  
OCALA, FL 34474 US

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

NOROOZI, SHEILA DR.  
4600 SW 46TH COURT  
#370  
OCALA, FL 34474 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: SHEILA NOROOZI, DPM

04/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NOROOZI, SHEILA DR.  
Address: 3240 SW 34TH ST. #402  
City-St-Zip: OCALA, FL 34474 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: NOROOZI, SHEILA DR.  
Address: 4600 SW 46TH COURT STE 370  
City-St-Zip: OCALA, FL 34474 US

I hereby certify that the information supplied with this filing does not qualify 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: SHEILA NOROOZI, DPM

MGR

04/13/2009

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