

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024441

FILED
Feb 04, 2009
Secretary of State

Entity Name: HEATH FOOT AND LEG CLINIC LLC

Current Principal Place of Business:

2525 EMBASSY DRIVE
SUITE 4
COOPER CITY, FL 33026

New Principal Place of Business:

Current Mailing Address:

8135 NW 198 TERRACE
MIAMI GARDENS, FL 33015

New Mailing Address:

2525 EMBASSY DRIVE
SUITE 4
COOPER CITY, FL 33026

FEI Number: 20-4437289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEATH, DAVID J
8135 NW 198 TERRACE
MIAMI GARDENS, FL 33015 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: HEATH, DAVID J
Address: 8135 NW 198 TERRACE
City-St-Zip: MIAMI GARDENS, FL 33015

Title: MGRM () Delete
Name: HEATH, LILIANA M
Address: 8135 NW 198 TERRACE
City-St-Zip: MIAMI GARDENS, FL 33015

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID HEATH

MGRM

02/04/2009

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