2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 18, 2008
Secretary of State

DOCUMENT# L06000029982

Entity Name: MIRAMAR PODIATRY AND SURGERY INSTITUTE LLC

Current Principal Place of Business:

6729 CAMELIA DRIVE
MIRAMAR, FL 33023 US

New Principal Place of Business:

8910 MIRAMAR PARKWAY #110
MIRAMAR, FL 33025 US

Current Mailing Address:

6729 CAMELIA DRIVE
MIRAMAR, FL 33023 US

New Mailing Address:

8910 MIRAMAR PARKWAY #110
MIRAMAR, FL 33025 US

FEI Number: 76-0827874 **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:

CALIXTE, HAROLD
6729 CAMELIA DRIVE
MIRAMAR, FL 33023 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: CALIXTE, HAROLD
Address: 6729 CAMELIA DRIVE
City-St-Zip: MIRAMAR, FL 33023 US

Title: MGRM ( ) Delete
Name: CALIXTE, NANCY
Address: 6729 CAMELIA DRIVE
City-St-Zip: MIRAMAR, FL 33023 US

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: HAROLD CALIXTE MGRM 09/18/2008

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