

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000004250

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

**Entity Name:** FAMILY FOOT HEALTH ASSOCIATES, LLC

**Current Principal Place of Business:**

4302 ALTON RD  
SUITE #640  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

4302 ALTON RD  
SUITE #640  
MIAMI BEACH, FL 33140

**New Mailing Address:**

8200 NW 27 STREET  
SUITE 108  
DORAL, FL 33122

FEI Number: 14-1941024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZWICK, THOMAS DPM  
8200 NW 27TH STREET SUITE 108  
DORAL, FL 33122 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: FLORIDA FOOT & ANKLE ASSOCIATES, LLC  
Address: 9350 SO DIXIE HWY PH II  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES:**

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: THOMAS A. ZWICK, DPM

MGRM

04/27/2009

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