

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000004560

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** ALEXANDER BOIX DPM, LLC

**Current Principal Place of Business:**

9240 SUNSET DR  
SUITE#109  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

8200 NW 27 STREET  
SUITE 108  
DORAL, FL 33122 US

**New Mailing Address:**

**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  
Name: FLORIDA FOOT & ANKLE ASSOCIATES, LLC  
Address: 8200 NW 27 STREET, #108  
City-St-Zip: DORAL, FL 33122 US

I hereby 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 ZWICK, DPM

MGRM

04/14/2010

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