

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000004767

**FILED**  
**Jan 19, 2009**  
**Secretary of State**

**Entity Name:** FRANSISCO PEREZ - CLAVIJO DPM, LLC

**Current Principal Place of Business:**

5520 SW 8TH STREET  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

10801 SW 57 PL  
DAVIE, FL 33328 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, THOMS DPM  
8200 NW 27TH STREET SUITE 108  
DORAL, FL 33122 US

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

ZWICK, THOMAS DPM  
8200 NW 27TH STREET SUITE 108  
DORAL, FL 33122 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: THOMAS ZWICK

01/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FLORIDA FOOT & ANKLE, ASSOCIATES, L L C  
Address: 9350 SOUTH DIXIE HWY. PH II  
City-St-Zip: MIAMI, FL 33156 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FLORIDA FOOT & ANKLE, ASSOCIATES, L L C  
Address: 8200 NW 27TH STREET SUITE 108  
City-St-Zip: DORAL, FL 33122 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: THOMAS ZWICK

MGR

01/19/2009

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