

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000005068

FILED
Apr 27, 2009
Secretary of State

Entity Name: JOHN TORREGROSA DPM, LLC

Current Principal Place of Business:

MILE MARKER 30 OCEANSIDE
BIG PINE KEY, FL 33043

New Principal Place of Business:

8151 OVERSEAS HIGHWAY
SUITE 5
MARATHON, FL 33050 US

Current Mailing Address:

MILE MARKER 30 OCEANSIDE
BIG PINE KEY, FL 33043

New Mailing Address:

8200 NW 27 STREET
SUITE 108
DORAL, FL 33122 US

FEI Number: 14-1941024 **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:

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

Name and Address of New Registered Agent:

ZWICK, THOMAS A 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 A. ZWICK, DPM

04/27/2009

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: MGRM (X) Change () Addition
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 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