

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000016685

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** SHOEMAKER & ZWICK PODIATRY, LLC

**Current Principal Place of Business:**

1321 NW 14TH ST  
SUITE #103  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

1321 NW 14TH ST  
SUITE #103  
MIAMI, FL 33125

**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:**

BAUM, IRA DPM  
8940 N KENDALL DR  
SUITE 801-E  
MIAMI, FL 33176 US

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

ZWICK, THOMAS DPM  
9350 S DIXIE HWY  
PH2  
MIAMI, FL 33156 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 DPM

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** FLORIDA FOOT & ANKLE, ASSOCIATES, L L C  
**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 ZWICK

MGRM

04/30/2008

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