

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000050519

**FILED**  
**Oct 15, 2010**  
**Secretary of State**

**Entity Name:** PODIATRY ASSOCIATES OF THE PALM BEACHES, LLC

**Current Principal Place of Business:**

8190 OKEECHOBEE BLVD.  
SUITE 103  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

8190 OKEECHOBEE BLVD.  
SUITE 103  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

1616 39TH STREET  
WEST PALM BEACH, FL 33407

**FEI Number:** 26-0189224

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ETHEREDGE, KALI  
1616 39TH STREET  
WEST PALM BEACH, FL 33407 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: KALI ETHEREDGE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ETHEREDGE, KALI  
Address: 1616 39TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

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: KALI ETHEREDGE

MGR

10/15/2010

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