2010 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 18, 2010
Secretary of State

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Entity Name: CHIROPOD MEDICAL, L.L.C.

Current Principal Place of Business:

3594 EVANS AVENUE
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3594 EVANS AVENUE
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 80-0179412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOSZ, JOSEPH R
601 NE 22ND ST
#43
MIAMI, FL 33137 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: JOSEPH GOSZ

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: GARCON, GERGOIRE
Address: 3594 EVANS AVENUE
City-St-Zip: FORT MYERS, FL 33901

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 Statues.

SIGNATURE: GREGOIRE GARCON P 10/18/2010

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