

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000005251

**FILED**  
**Jan 15, 2013**  
**Secretary of State**

**Entity Name:** ANKLE & FOOT CARE SPECIALISTS, PLLC

**Current Principal Place of Business:**

1200 S. KUHL AVE  
SUITE B  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

POB 568396  
ORLANDO, FL 32856

**New Mailing Address:**

**FEI Number:** 32-0273364

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PULSIFER, KATHLEEN A DPM  
1200 S. KUHL AVE  
2ND FLR, SUITE B  
ORLANDO, FL 32806 US

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

PULSIFER, KATHLEEN A DPM  
1200 S. KUHL AVE  
SUITE B  
ORLANDO, FL 32806 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: KATHLEEN A. PULSIFER, DPM

01/15/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PULSIFER, KATHLEEN D.P.M.  
Address: 1200 S. KUHL AVE, SUITE B  
City-St-Zip: ORLANDO, FL 32806

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: KATHLEEN A. PULSIFER, DPM

MGR

01/15/2013

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