

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000012403

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA PODIATRY ASSOCIATES IPA, LLC

**Current Principal Place of Business:**

1003 EAST WALLACE STREET  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

1003 EAST WALLACE STREET  
ORLANDO, FL 32809

**New Mailing Address:**

**FEI Number:** 36-4666472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEATHERFORD, JR, WILLIAM P  
1150 LOUISIANA AVE SUITE 4  
WINTER PARK, FL 32789 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MCMANUS, MICHAEL T  
Address: 1003 EAST WALLACE STREET  
City-St-Zip: ORLANDO, FL 32809

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: MICHAEL MCMANUS

MGR

04/19/2010

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