

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 04, 2011
Secretary of State

Entity Name: ADLER PODIATRY AND WOUND CARE, LLC

Current Principal Place of Business:

3636 UNIVERSITY BOULEVARD SOUTH
BUILDING C
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

3636 UNIVERSITY BOULEVARD SOUTH
BUILDING C
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 27-0230277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADLER, PHILIP F DPM
3636 UNIVERSITY BOULEVARD SOUTH
BUILDING C
JACKSONVILLE, FL 32216 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: ADLER, PHILIP F DPM
Address: 3636 UNIVERSITY BOULEVARD SOUTH BLDG C
City-St-Zip: JACKSONVILLE, FL 32216

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: PHILIP ADLER, DPM

MGR

01/04/2011

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