

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000049865

FILED  
Jan 04, 2012  
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

MRG

01/04/2012

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