

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000042213

Entity Name: MIAMI PODIATRY LLC

FILED
Apr 10, 2012
Secretary of State

Current Principal Place of Business:

3900 YORKTOWNE BLVD
APT # 4108
PORT ORANGE, FL 32129 US

New Principal Place of Business:

3959 SOUTH NOVA RD
BUILDING B, SUITE 25
PORT ORANGE, FL 32127 US

Current Mailing Address:

PO BOX 291815
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 27-2382472 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MUSTAFA, ZIA C
3900 YORKTOWNE BLVD
APT 4108
PORT ORANGE, FL 32129 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: MGRM
Name: MUSTAFA, ZIA C DPM
Address: 3900 YORKTOWNE BLVD
City-St-Zip: PORT ORANGE, FL 32129 US

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: ZIA MUSTAFA

MGRM

04/10/2012

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