

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000043568

Entity Name: ALF PODIATRY CARE, LLC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

631 SW 23RD ROAD  
MIAMI, FL 33129

**New Principal Place of Business:**

2435 NW 7TH STREET  
MIAMI, FL 33125

**Current Mailing Address:**

631 SW 23RD ROAD  
MIAMI, FL 33129

**New Mailing Address:**

FEI Number: 27-2415262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ROSAS-GUYON, PATRICIA M DR.  
631 SW 23RD ROAD  
MIAMI, FL FL 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: ROSAS-GUYON, PATRICIA M  
Address: 631 SW 23RD ROAD  
City-St-Zip: MIAMI, FL 33129

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: PATRICIA M. ROSAS-GUYON

MGRM

04/29/2011

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