2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: PODIATRY ASSOCIATES OF INDIAN RIVER COUNTY, L.L.C.

Current Principal Place of Business:

1424 U.S. HIGHWAY 1
SUITE A
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

1424 U.S. HIGHWAY 1
SUITE A
SEBASTIAN, FL 32958

New Mailing Address:

FEI Number: 27-2984867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOOD, GENE
2631A N.W. 41ST STREET
GAINSVILLE, FL 32606 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: HAILE, DAVID J DPM
Address: 732
City-St-Zip: CLEVELAND STREET, A2 SEBASTIAN FL

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 Statues.

SIGNATURE: DAVID J. HAILE MGRM 04/07/2011

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