2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2012
Secretary of State

DOCUMENT# L10000077035

Entity Name: PODIATRY CENTERS OF NORTH FLORIDA,, LLC

Current Principal Place of Business:

2236 PARK ST
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

2236 PARK ST
JACKSONVILLE, FL 32204

New Mailing Address:

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

Name and Address of Current Registered Agent:

REZNICSEK FRASER HASTINGS WHITE & SHAFFER
4230 PABLO PROFESSIONAL COURT
SUITE 200
JACKSONVILLE, FL 32224 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: GROSHELL, HOWARD J DPM
Address: 2236 PARK ST
City-St-Zip: JACKSONVILLE, FL 32204

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: HOWARD J. GROSHELL, DPM MGR 03/16/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date