

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000091328

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** SPRUCE CREEK PODIATRY LLC

**Current Principal Place of Business:**

17820 SE 109TH AVE. SUITE 102  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

17820 SE 109TH AVE. SUITE 102  
SUMMERFIELD, FL 34491

**New Mailing Address:**

**FEI Number:** 27-3328152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAO, UYKEN K  
3200 COUNTY ROAD 507  
WILDWOOD, FL 34785 US

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

DAO, UYEN K  
3200 COUNTY ROAD 507  
WILDWOOD, FL 34785 US

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: UYEN K. DAO, DPM

01/13/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VILLAGE FOOT AND ANKLE P.A.  
Address: 3200 COUNTY ROAD 507  
City-St-Zip: WILDWOOD, FL 34785

Title: MGRM  
Name: EFFREN, STEVEN C DPM  
Address: 3200 COUNTY ROAD 507  
City-St-Zip: WILDWOOD, FL 34785 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: UYEN K. DAO, DPM

MGRM

01/13/2011

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