

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000118323

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Entity Name:** LOWER EXTREMITY CARE, L.L.C.

**Current Principal Place of Business:**

7380 SW 107 AVE  
1307  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

7380 SW 107 AVE  
1307  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 27-3965371

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAMS, MAX A  
2100 PONCE DE LEON SUITE 1000  
CORAL GABLES, FL 33134 US

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

ADAMS, MAX A  
325 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: MAX A ADAMS ESQ

01/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GONZALEZ, EDWARD DR.  
Address: 7380 SW 107 AVE #1307  
City-St-Zip: MIAMI, FL 33173 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: EDWARD GONZALEZ

MGRM

01/23/2012

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