File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 20 AM 10:32

FILING FEE $ 188.75	**Annual Report $100.00 + $88.75 Corporation Supplemental Fee**
	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L98000003486

SWF ASSOCIATES IN PODIATRIC MEDICINE & SURGERY, L.C.
9371-14 CYPRESS LAKE DRIVE
FT MYERS FL ~~33903~~

99-AR

1a. Principal Place of Business Address
9371-14 CYPRESS LAKE DRIVE
FT MYERS FL ~~33903~~

2. Principal Place of Business	2a. Mailing Address CM
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33919 Country	Zip 33919 Country

3. Date Organized or Qualified: 12/29/1998
3a. State of Formation: FL
4. FEI Number: 65-0895~~88~~ ☐ Applied For ☐ Not Applicable
5. Date of Last Report:
6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
CHARARA, HUSNI A 9371-14 CYPRESS LAKE DRIVE FT MYERS FL ~~33903~~ 33919	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code 33919

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****188.75 ****188.75

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE 5-19-99
(Registered Agent Acceptance Signature) NOTE: Registered Agent's signature required when reinstated.

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	H.A. CHARARA DPM, PA	9317-14 CYPRESS LAKE DRIVE	FT MYERS FL
MGRM	GORDON J. KLEINPELL DP	60 WESTMINSTER ST., SUITE	LEHIGH ACRES FL
MGRM	RALPH L LERMAN DPM, PA	4901 PALM BEACH BLVD	EAST FT MYERS FL
MGRM	RICARDO P. MARIBONA DP	9371-14 CYPRESS LAKE DRIVE	FT MYERS FL

11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ 5-19-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER OR RECEIVER/TRUSTEE — DATE — Daytime Phone #

INHSE10 R (12-98)