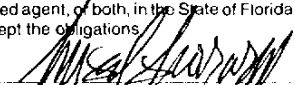
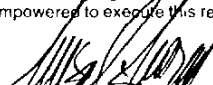


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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 44-AR				1a. Principal Place of Business Address 9371-14 CYPRESS LAKE DRIVE FT MYERS FL 33903	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 33919 Country		2a. Mailing Address CM Suite, Apt. #, etc. City & State Zip 33919 Country		3. Date Organized or Qualified 12/29/1998 4. FEI Number 65-0895845 ☐ 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 CHARARA, HUSNI A 9371-14 CYPRESS LAKE DRIVE FT MYERS FL 33903 33919			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 400002885914-4 05/25/99 - 01063-025 ****188.75 ****188.75 City FL Zip Code 33919		
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 Accepting Appointment) (NOTE: Registered Agent's signature is required when re-appointing)					
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:  DATE 5-19-99					