2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# L98000003486

Entity Name: SWF ASSOCIATES IN PODIATRIC MEDICINE & SURGERY, L.C.

Current Principal Place of Business:

8851 BOARDROOM CIRCLE
FT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

8851 BOARDROOM CIRCLE
FT MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0895895 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHARARA, HUSNI A
8851 BOARDROOM CIRCLE
FT MYERS, FL 33919 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	H.A. CHARARA DPM, PA,	
Address:	8851 BOARDROOM CIRCLE	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	MGRM	( ) Delete
Name:	GORDON J. KLEINPELL, DPM, PA	
Address:	60 WESTMINSTER ST., SUITE F	
City-St-Zip:	LEHIGH ACRES, FL 33936	
Title:	MGRM	( ) Delete
Name:	RALPH L LERMAN DPM,, PA	
Address:	4901 PALM BEACH BLVD	
City-St-Zip:	EAST FT MYERS, FL 33916	
Title:	MGRM	( ) Delete
Name:	RICARDO P. MARIBONA, DPM, PA	
Address:	9371-14 CYPRESS LAKE DRIVE	
City-St-Zip:	FT MYERS, FL 33907	
Title:	MGRM	( ) Delete
Name:	MINA, JOHN W DPM, PA	
Address:	88-2 PINE ISLAND RD.	
City-St-Zip:	N. FT. MYERS, FL 33903	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: HUSNI A. CHARARA MGRM 01/06/2004

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