

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90217 027 ****50.00

DOCUMENT # L98000003486

1. Entity Name

**SWF ASSOCIATES IN PODIATRIC MEDICINE & SURGERY,
L.C.**



Principal Place of Business

**8851 BOARDROOM CIRCLE
FT MYERS FL 33919**

Mailing Address

**8851 BOARDROOM CIRCLE
FT MYERS FL 33919**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0895895**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHARARA, HUSNI A
8851 BOARDROOM CIRCLE
FT MYERS FL 33919**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **H.A. CHARARA DPM, PA**
STREET ADDRESS **8851 BOARDROOM CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **GORDON J. KLEINPELL DPM, PA**
STREET ADDRESS **60 WESTMINSTER ST., SUITE F**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **RALPH L LERMAN DPM, PA**
STREET ADDRESS **4901 PALM BEACH BLVD**
CITY-ST-ZIP **EAST FT MYERS FL 33916**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **RICARDO P. MARIBONA DPM, PA**
STREET ADDRESS **9371-14 CYPRESS LAKE DRIVE**
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **MINA, JOHN W DPM, PA**
STREET ADDRESS **88-2 PINE ISLAND RD.**
CITY-ST-ZIP **N. FT. MYERS FL 33903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I 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 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.

SIGNATURE **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-7-03 (239) 481-7070

CR2E083 (10/02)