## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L99000002848

Entity Name: FOOT & ANKLE MANAGEMENT GROUP, L.C.

FILED Jan 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

681 GOODLETTE ROAD, SUITE 160 681 GOODLETTE ROAD N, SUITE 160

NAPLES, FL 34102 NAPLES, FL 34102

Current Mailing Address: New Mailing Address:

681 GOODLETTE ROAD, SUITE 160 681 GOODLETTE ROAD N, SUITE 160

NAPLES, FL 34102 NAPLES, FL 34102

FEI Number: 59-3605384 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SALM, R. JOHN DPM 681 GOODLETTE ROAD, SUITE 160 NAPLES, FL 34102 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition
Name: BURMEISTER, TODD R DPM PA
Address: 681 GOODLETTE ROAD, SUITE 160 Address: 681 GOODLETTE ROAD N, SUITE 160

City-St-Zip: NAPLES, FL 34102 City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

Name: SALM, R. JOHN DPM PA

Address: 681 GOODLETTE ROAD, SUITE 160 Address: 681 GOODLETTE ROAD N, SUITE 160

City-St-Zip: NAPLES, FL 34102 City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TODD R. BURMEISTER MGM 01/18/2009