

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000002848

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

681 GOODLETTE ROAD N, SUITE 160  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

681 GOODLETTE ROAD N, SUITE 160  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 59-3605384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

**Title:** MGRM  
**Name:** BURMEISTER, TODD R DPM PA  
**Address:** 681 GOODLETTE ROAD N, SUITE 160  
**City-St-Zip:** NAPLES, FL 34102

**Title:** MGRM  
**Name:** SALM, R. JOHN DPM PA  
**Address:** 681 GOODLETTE ROAD N, SUITE 160  
**City-St-Zip:** NAPLES, FL 34102

I hereby 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:** R. JOHN SALM DPM

OWN

01/05/2012

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