2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2008
Secretary of State

DOCUMENT# M06000002297

Entity Name: PALM PODIATRY PRACTICE LIMITED LIABILITY COMPANY

Current Principal Place of Business:

15620 MCGREGOR BLVD.
FORT MYERS, FL 339082528

New Principal Place of Business:

Current Mailing Address:

15620 MCGREGOR BLVD.
FORT MYERS, FL 339082528

New Mailing Address:

FEI Number: 20-3723255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GAVIN, DAVID N
15620 MCGREGOR BLVD.
FORT MYERS, FL 339082528 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: MGR ( ) Delete
Name: GAVIN, DAVID N
Address: 15620 MCGREGOR BLVD.
City-St-Zip: FORT MYERS, FL 339082528

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GAVIN, JOHN L
Address: 15620 MCGREGOR BLVD.
City-St-Zip: FORT MYERS, FL 339082528

Title: MGR ( ) Change (X) Addition
Name: GAVIN, KENNETH E
Address: 102 CARDINAL LN.
City-St-Zip: FORT MYERS, FL 14072

Title: MGR ( ) Change (X) Addition
Name: VELARDE, DAVID N
Address: 2824 MERCHANTS DR.
City-St-Zip: KNOXVILLE, TN 37912

Title: MGR ( ) Change (X) Addition
Name: REILEY, MARK D
Address: 904 5TH STREET
City-St-Zip: NEW CUMBERLAND, PA 17070

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: KENNETH E. GAVIN MGR 07/21/2008

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