

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002297

FILED
Apr 28, 2009
Secretary of State

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 ()

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, JOHN L
Address: 15620 MCGREGOR BLVD.
City-St-Zip: FORT MYERS, FL 339082528

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

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

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

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:

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: DAVID N. VELARDE, DPM

MGR

04/28/2009

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