

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M06000002297

FILED
Jan 07, 2011
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:

15620 MCGREGOR BLVD.
125
FORT MYERS, FL 339082528

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:

GAVIN, DAVID N
15620 MCGREGOR BLVD.
125
FORT MYERS, FL 339082528 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: DAVID N. GAVIN, DPM

01/07/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: GAVIN, JOHN L
Address: 15620 MCGREGOR BLVD., SUITE 125
City-St-Zip: FORT MYERS, FL 339082528

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

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

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: KENNETH E. GAVIN

MR.

01/07/2011

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