

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000002297

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** PALM PODIATRY PRACTICE LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

15620 MCGREGOR BLVD.  
125  
FORT MYERS, FL 339082528

**New Principal Place of Business:**

**Current Mailing Address:**

15620 MCGREGOR BLVD.  
FORT MYERS, FL 339082528

**New Mailing Address:**

15620 MCGREGOR BLVD.  
125  
FORT MYERS, FL 339082528

**FEI Number:** 20-3723255

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GAVIN, DAVID N  
15620 MCGREGOR BLVD.  
125  
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  
**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:** DAVID N. GAVIN, DPM

R.A.

02/09/2012

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