

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000004820

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

**Entity Name:** RICHARD L. SEDA DPM, LLC

**Current Principal Place of Business:**

1345 ALTON ROAD  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

1345 ALTON ROAD  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

8200 NW 27 STREET  
SUITE 108  
DORAL, FL 33122 US

**FEI Number:** 14-1941024      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ZWICK, THOMAS DPM  
8200 NW 27TH STREET SUITE 108  
DORAL, FL 33122 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 ( ) Delete  
**Name:** SEDA, RICHARD  
**Address:** 1345 ALTON ROAD  
**City-St-Zip:** MIAMI BEACH, FL 33139 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** FLORIDA FOOT & ANKLE ASSOCIATES, LLC  
**Address:** 8200 NW 27 STREET, #108  
**City-St-Zip:** DORAL, FL 33122 US

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: THOMAS A. ZWICK, DPM

MGRM

04/27/2009

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