## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000043568

Entity Name: ALF PODIATRY CARE, LLC

**Current Principal Place of Business:** 

631 SW 23RD ROAD MIAMI. FL 33129

**Current Mailing Address:** 

631 SW 23RD ROAD MIAMI, FL 33129

FEI Number: 27-2415262 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSAS-GUYON, PATRICIA M DR. 631 SW 23RD ROAD MIAMI, FL 33129 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: PATRICIA ROSAS-GUYON 04/30/2013

Electronic Signature of Registered Agent

Date

FILED Apr 30, 2013

**Secretary of State** 

CC7879828563

Authorized Person(s) Detail:

Title MGRM

Name ROSAS-GUYON, PATRICIA M

Address 631 SW 23RD ROAD
City-State-Zip: MIAMI FL 33129

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail