

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000133272

**Entity Name:** ADLER PODIATRY CLINIC, PLLC

**Current Principal Place of Business:**

3636 UNIVERSITY BLVD S  
BLDG C  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

3636 UNIVERSITY BLVD S  
BLDG C  
JACKSONVILLE, FL 32216 US

**FEI Number:** 45-3033445

**Certificate of Status Desired:** No

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

ADLER, PHILIP F DR  
3636 UNIVERSITY BLVD S  
BLDG C  
JACKSONVILLE, FL 32216 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:** PHILIP F ADLER

01/08/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ADLER, PHILIP F  
Address 3636 UNIVERSITY BLVD S, BLDG C  
City-State-Zip: JACKSONVILLE FL 32216

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PHILIP ADLER

MANAGER

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date