

2017 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

01/10/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

Title PARTNER
Name TONEY, MICHAEL DR.
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 F ADLER, DPM

MANAGER

01/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date