2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 537430

FILED Jan 06, 2004 Secretary of State

Entity Name: FOOT & ANKLE CENTERS OF CHARLOTTE COUNTY, P.A.

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|---|--|---|---|--|
| .01 E. OLY SUITE B | MPIA AVENU | JE | | | |
| | ORDA, FL 33 | 950 | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 01 E. OLY | MPIA AVENU | JE | | | |
| SUITE B PUNTA GO | ORDA, FL 339 | 950 | | | |
| | 59-1745284 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| lame and | Address of 0 | Current Registered Agent: | Name and Address of | of New Registered Agent: | |
| 'AKIL, SAI | | _ | | | |
| | /MPIA AVENL | JE . | | | |
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| | ORDA, FL 33 | 950 | | | |
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| UNTA Go he above the State | named entity e of Florida. RE: | | | ed office or registered agent, or both, Date | |
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| PUNTA GO The above The State CIGNATUF CIECTION Car | named entity of Florida. RE: Electro | submits this statement for the name of the name of Registered Agground Gontribution (). | ent | | |
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I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

| SIGNATURE: S | SAMIR S. VAKIL, | DPM | PRES | 01/06/2004 |
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