2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# 537430

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

Current Principal Place of Business:

401 E. OLYMPIA AVENUE
SUITE B
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

401 E. OLYMPIA AVENUE
SUITE B
PUNTA GORDA, FL 33950

New Mailing Address:

PO BOX 511269
PUNTA GORDA, FL 339511269

FEI Number: 59-1745284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VAKIL, SAMIR S
401 E. OLYMPIA AVENUE
SUITE B
PUNTA GORDA, FL 33950 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	HUMPEL, PAMELA J	
Address:	401 B E. OLYMPIA AVE.	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	TRES	( ) Delete
Name:	VAKIL, SHELLEY J	
Address:	401B E. OLYMPIA AVE	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	PRES	( ) Delete
Name:	VAKIL, SAMIR S	
Address:	401 B EAST OLYMPIA AVE	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	SECR	( ) Delete
Name:	WILLIAMS, ANDRE M	
Address:	137 MILLPORT	
City-St-Zip:	PORT CHARLOTTE, FL 33948	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TRES	(X) Change ( ) Addition
Name:	VAKIL, SHELLEY J	
Address:	401 B E. OLYMPIA AVE	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SECR	(X) Change ( ) Addition
Name:	WILLIAMS, ANDRE M	
Address:	401 B E. OLYMPIA AVE	
City-St-Zip:	PUNTA GORDA, FL 33950	

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 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: SAMIR S. VAKIL PRES 01/13/2009
Electronic Signature of Signing Officer or Director — Date