

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000133441

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** ANKLE & FOOT CENTRE OF SOUTH FLORIDA, P.A.

**Current Principal Place of Business:**

13005 SOUTHERN BLVD.  
SUITE 225  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

13005 SOUTHERN BLVD.  
SUITE 225  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 20-1919087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KLEIN, STUART B ESQ  
1551 FORUM PLACE SUITE 400-B  
W PALM BEACH, FL 33401 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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: BLANK, DOROTHY E  
Address: 13005 SOUTHERN BLVD SUITE 225  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DR  
Name: BLANK, JEFFREY G  
Address: 13005 SOUTHERN BLVD SUITE 225  
City-St-Zip: LOXAHATCHEE, FL 33470

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 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 all other like empowered.

SIGNATURE: JEFFREY G. BLANK

DR

04/10/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date