

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000067143

FILED
Jan 24, 2008
Secretary of State

Entity Name: AFFILIATED FOOT & ANKLE PROVIDERS, INC.

Current Principal Place of Business:

232 BULLARD PARKWAY
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

232 BULLARD PARKWAY
TEMPLE TERRACE, FL 33617

New Mailing Address:

FEI Number: 59-3203352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAMA, STANLEY S
232 BULLARD PARKWAY
TEMPLE TERRACE, FL, FL 33617 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: DPM () Delete
Name: SHAMA, STANLEY S
Address: 232 BULLARD PKWY
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: DVP () Delete
Name: DEMNER, MICHAEL G
Address: 3251 MCMULLEN BOOTH RD
City-St-Zip: CLEARWATER, FL 34621

Title: D () Delete
Name: VALINS, ROBERT J
Address: 6336 FT KING RD
City-St-Zip: ZEPHYRHILLS, FL

Title: DST () Delete
Name: GIRLING, MARTIN T
Address: 210 N ALEXANDER ST
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: BLASS, BARRY
Address: 1020 W HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: BAKER, STEVEN
Address: 2511 W BUFFALO AVE
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STANLEY S. SHAMA

DPM

01/24/2008

Electronic Signature of Signing Officer or Director

Date