

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000067143

FILED  
Jan 24, 2011  
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 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

**OFFICERS AND DIRECTORS:**

Title: DPM  
Name: SHAMA, STANLEY S  
Address: 232 BULLARD PKWY  
City-St-Zip: TEMPLE TERRACE, FL 33617

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

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

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

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

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

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: STANLEY S SHAMA

MD

01/24/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date