

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 537430

**Entity Name:** FOOT & ANKLE CENTERS OF CHARLOTTE COUNTY, P.A.**Current Principal Place of Business:**352 MILUS STREET  
PUNTA GORDA, FL 33950**Current Mailing Address:**352 MILUS ST  
PUNTA GORDA, FL 33950 US**FEI Number:** 59-1745284**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VAKIL, SAMIR S  
25311 NARWHAL LN  
PUNTA GORDA, FL 33983 US*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**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | VP                   |
| Name            | HUMPEL, PAMELA J     |
| Address         | 352 MILUS STREET     |
| City-State-Zip: | PUNTA GORDA FL 33950 |

|                 |                      |
|-----------------|----------------------|
| Title           | TRES                 |
| Name            | VAKIL, SHELLEY J     |
| Address         | 352 MILUS STREET     |
| City-State-Zip: | PUNTA GORDA FL 33950 |

|                 |                      |
|-----------------|----------------------|
| Title           | PRES                 |
| Name            | VAKIL, SAMIR S       |
| Address         | 352 MILUS STREET     |
| City-State-Zip: | PUNTA GORDA FL 33950 |

|                 |                      |
|-----------------|----------------------|
| Title           | SECR                 |
| Name            | WILLIAMS, ANDRE M    |
| Address         | 352 MILUS STREET     |
| City-State-Zip: | PUNTA GORDA FL 33950 |

|                 |                      |
|-----------------|----------------------|
| Title           | SECRETARY            |
| Name            | YAEGE, ARLO H DR.    |
| Address         | 352 MILUS STREET     |
| City-State-Zip: | PUNTA GORDA FL 33950 |

*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:** SHELLEY VAKIL**TREASURER****01/30/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date