

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000003740

**Entity Name:** CENTER FOR ANKLE & FOOT CARE, INC.

**Current Principal Place of Business:**

3190 CITRUS TOWER BLVD  
SUITE A  
CLERMONT, FL 34711

**Current Mailing Address:**

3190 CITRUS TOWER BLVD  
SUITE A  
CLERMONT, FL 34711 US

**FEI Number:** 04-3604213

**Certificate of Status Desired:** No

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

MCGOWAN, JOSEPH F  
3150 CITRUS TOWER BLVD  
SUITE B  
CLERMONT, FL 34711 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 D  
Name MCGOWAN, MICHELE  
Address 3150 CITRUS TOWER BLVD  
City-State-Zip: CLERMONT FL 34711

Title V  
Name HENNE, TIM  
Address 3150 CITRUS TOWER BLVD  
City-State-Zip: CLERMONT FL 34711

*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:** TIM HENNE

DPM, VP

01/18/2023

Electronic Signature of Signing Officer/Director Detail

Date