

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000133441

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

**Current Principal Place of Business:**

13005 SOUTHERN BLVD.  
SUITE 225  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

13005 SOUTHERN BLVD.  
SUITE 225  
LOXAHATCHEE, FL 33470

**FEI Number:** 20-1919087

**Certificate of Status Desired:** No

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

KLEIN, STUART BESQ  
1551 FORUM PLACE SUITE 400-B  
W PALM BEACH, FL 33401 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	DR	Title	DR
Name	BLANK, DOROTHY E	Name	BLANK, JEFFREY G
Address	13005 SOUTHERN BLVD SUITE 225	Address	13005 SOUTHERN BLVD SUITE 225
City-State-Zip:	LOXAHATCHEE FL 33470	City-State-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:** DR. JEFFREY BLANK

**PHYSICIAN/OWNER**

**03/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date