

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000067143

Entity Name: AFFILIATED FOOT & ANKLE PROVIDERS, INC.

Current Principal Place of Business:

232 BULLARD PARKWAY
TEMPLE TERRACE, FL 33617

Current Mailing Address:

232 BULLARD PARKWAY
TEMPLE TERRACE, FL 33617

FEI Number: 59-3203352

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

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

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

Title D
Name BAKER, STEVEN
Address 2511 W BUFFALO AVE
City-State-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

PRESIDENT

06/11/2013

Electronic Signature of Signing Officer/Director Detail

Date