

**2014 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**

**01/13/2014**

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

\_\_\_\_\_  
Date