# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 16, 2006**
**Secretary of State**

DOCUMENT# F39553

**Entity Name:** AMBULATORY ANKLE AND FOOT CARE CENTER, P.A.

**Current Principal Place of Business:**

1608 W. PLAZA DR
TALLAHASSEE, FL 32318 US

**New Principal Place of Business:**

1608 W. PLAZA DR
TALLAHASSEE, FL 32308 US

**Current Mailing Address:**

1608 W. PLAZA DR
TALLAHASSEE, FL 32318 US

**New Mailing Address:**

1608 W. PLAZA DR
TALLAHASSEE, FL 32308 US

**FEI Number: 59-3087233** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FLESHER, NANCY
1608 W. PLAZA DR
TALLAHASSEE, FL 32308 US

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

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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete
Name: FLESHER, KYLE J
Address: 1084 ALAMEDA DR
City-St-Zip: TALLAHASSEE, FL 32311

Title: PD ( ) Delete
Name: FLESHER, NANCY N
Address: 1084 ALAMEDA DR
City-St-Zip: TALLAHASSEE, FL 32311

Title: STD ( ) Delete
Name: ANDREU, WILLIE Y
Address: 1084 ALAMEDA DR
City-St-Zip: TALLAHASSEE, FL 32311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NANCY N. FLESHER PD 05/16/2006

Electronic Signature of Signing Officer or Director Date