

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F39553

FILED  
Aug 29, 2008  
Secretary of State

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

**Current Principal Place of Business:**

1608 W. PLAZA DR  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

1608 W. PLAZA DR  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

**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

**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: VPD (X) Change ( ) Addition  
Name: FLESHER, KYLE J  
Address: 1084 ALAMEDA DR  
City-St-Zip: TALLAHASSEE, FL 32317

Title: PD (X) Change ( ) Addition  
Name: FLESHER, NANCY N  
Address: 1084 ALAMEDA DR  
City-St-Zip: TALLAHASSEE, FL 32317

Title: STD (X) Change ( ) Addition  
Name: ANDREU, WILLIE Y  
Address: 1084 ALAMEDA DR  
City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information supplied with this filing does not qualify 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

08/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date