2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2011
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 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
1084 ALAMEDA DRIVE
TALLAHASSEE, FL 32317 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

OFFICERS AND DIRECTORS:

Title: VPD
Name: FLESHER, KYLE J
Address: 1084 ALAMEDA DR
City-St-Zip: TALLAHASSEE, FL 32317

Title: PD
Name: FLESHER, NANCY N
Address: 1084 ALAMEDA DR
City-St-Zip: TALLAHASSEE, FL 32317

Title: STD
Name: ANDREU, WILLIE Y
Address: 1084 ALAMEDA DR
City-St-Zip: TALLAHASSEE, FL 32317

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: NANCY FLESHER PD 06/22/2011

Electronic Signature of Signing Officer or Director Date