

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003003

FILED
Feb 07, 2005
Secretary of State

Entity Name: NATIONAL FOOT & ANKLE IPA, INC.

Current Principal Place of Business:

1729 HARBOR LANE
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

614 E. HIGHWAY 50
403
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 61-1224363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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: SVD () Delete
Name: REPER, BONNIE L
Address: 614 E. HIGHWAY 50, #403
City-St-Zip: CLERMONT, FL 34711

Title: PD () Delete
Name: LEVINE, ROBERT G DPM
Address: 9110 LEESGATE RD.
City-St-Zip: LOUISVILLE, KY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: BONNIE L. REPER

SVD

02/07/2005

Electronic Signature of Signing Officer or Director

Date