

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G21751

FILED
Jun 29, 2006
Secretary of State

Entity Name: ADVANCED FOOT & ANKLE CENTER, INC.

Current Principal Place of Business:

1851 ALOMA AVENUE
WINTER PARK, FL 32789

New Principal Place of Business:

2045 GLENWOOD DRIVE
WINTER PARK, FL 32792

Current Mailing Address:

1851 ALOMA AVENUE
WINTER PARK, FL 32789

New Mailing Address:

2045 GLENWOOD DRIVE
WINTER PARK, FL 32792

FEI Number: 59-2260773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REINHARTZ, HAROLD R.
205 ROLLING WOOD TRAIL
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

AMOUZEGAR, SYED, M., DPM
1601 JOHNS LAKE RD.
217
CLERMONT, FL 34711 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: SYED M. AMOUZEGAR

06/29/2006

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: PDS () Delete
Name: REINHARTZ, HAROLD R.,
Address: 1851 ALOMA AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: S (X) Delete
Name: REINHARTZ, AUDREY C.
Address: 1851 ALOMA AVENUE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: AMOUZEGAR SYED, M.,
Address: 2045 GLENWOOD DRIVE
City-St-Zip: WINTER PARK, FL 32792

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: SYED M. AMOUZEGAR

DPM

06/29/2006

Electronic Signature of Signing Officer or Director

Date