2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004
Secretary of State

DOCUMENT# H09835

Entity Name: ANKLE & FOOT CENTER OF TAMPA BAY, P.A.

Current Principal Place of Business:

13907 NORTH DALE MABRY HWY., STE 103
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

13907 NORTH DALE MABRY HWY., STE 103
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 59-2419452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OKUN, SETH J. D.P.M.
1919 SWANN AVE
TAMPA, FL 33606 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:	VP	( ) Delete
Name:	CREIGHTON, ROBERT DPM	
Address:	13907 NORTH DALE MABRY HWY., STE 103	
City-St-Zip:	TAMPA, FL 33618	
Title:	P	( ) Delete
Name:	FLEETER, MICHAEL DPM	
Address:	13907 NORTH DALE MABRY HWY., STE 103	
City-St-Zip:	TAMPA, FL 33618	
Title:	VP	( ) Delete
Name:	PORT, MARTIN	
Address:	13907 NORTH DALE MABRY HWY., STE 103	
City-St-Zip:	TAMPA, FL 33618	
Title:	VP	( ) Delete
Name:	OKUN, SETH J DPM	
Address:	13907 NORTH DALE MABRY HWY., STE 103	
City-St-Zip:	TAMPA, FL 33618	
Title:	S	( ) Delete
Name:	SALKOWE, RICHARD DPM	
Address:	13907 NORTH DALE MABRY HWY., STE 103	
City-St-Zip:	TAMPA, FL 33618	
Title:	T	( ) Delete
Name:	BLUSTEIN, STEVEN DPM	
Address:	13907 NORTH DALE MABRY HWY., STE 103	
City-St-Zip:	TAMPA, FL 33618	

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	JUAN, RIVERA DPM	
Address:	13907 NORTH DALE MABRY HWY., STE 103	
City-St-Zip:	TAMPA, FL 33618	
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: MICHAEL FLEETER DPM 01/13/2004

Electronic Signature of Signing Officer or Director Date