

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


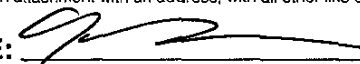
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04062005 Chg-P CR2E034 (10/03)

DOCUMENT # H09835					
1. Entity Name ANKLE & FOOT CENTER OF TAMPA BAY, P.A.					
Principal Place of Business 13907 NORTH DALE MABRY HWY., STE 103 TAMPA, FL 33618 US			Mailing Address 13907 NORTH DALE MABRY HWY., STE 103 TAMPA, FL 33618 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2419452	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OKUN, SETH J. D.P.M. 1919 SWANN AVE TAMPA, FL 33606			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CREIGHTON, ROBERT DPM			NAME	D LABOHN, SCOTT
STREET ADDRESS	13907 NORTH DALE MABRY HWY., STE 103			STREET ADDRESS	13907 NORTH DALE MABRY HWY., STE 103
CITY-ST-ZIP	TAMPA, FL 33618			CITY-ST-ZIP	TAMPA, FL 33618
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEETER, MICHAEL DPM			NAME	BLUSTEIN, STEVEN
STREET ADDRESS	13907 NORTH DALE MABRY HWY., STE 103			STREET ADDRESS	13907 NORTH DALE MABRY HWY., STE 103
CITY-ST-ZIP	TAMPA, FL 33618			CITY-ST-ZIP	TAMPA, FL 33618
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORT, MARTIN			NAME	
STREET ADDRESS	13907 NORTH DALE MABRY HWY., STE 103			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33618			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OKUN, SETH J DPM			NAME	900054222759
STREET ADDRESS	13907 NORTH DALE MABRY HWY., STE 103			STREET ADDRESS	05/10/05--01078--011 **61.25
CITY-ST-ZIP	TAMPA, FL 33618			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUAN, RIVERA DPM			NAME	
STREET ADDRESS	13907 NORTH DALE MABRY HWY., STE 103			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33618			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, KENNETH DPM			NAME	
STREET ADDRESS	13907 NORTH DALE MABRY HWY., STE 103			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33618			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		KENNETH FRIEDMAN		4/6/05 (813)963-1833	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	