

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H09835

FILED
Apr 12, 2006
Secretary of State

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: JUAN, RIVERA DPM
Address: 13907 NORTH DALE MABRY HWY., STE 103
City-St-Zip: TAMPA, FL 33618

Title: T () Delete
Name: FRIEDMAN, KENNETH 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: () 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 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: KENNETH FRIEDMAN

T

04/12/2006

Electronic Signature of Signing Officer or Director

Date