2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008
Secretary of State

DOCUMENT# H09835

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

Current Principal Place of Business:

2835 WEST DELEON STREET
SUITE 101
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

2835 WEST DELEON STREET
SUITE 101
TAMPA, FL 33606 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:

LABOHN, SCOTT M
38105 13TH AVENUE
ZEPHYRHILLS, FL 33541 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

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: DVP ( ) Delete
Name: CREIGHTON, ROBERT DPM
Address: 5750 5TH AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: DV ( ) Delete
Name: FLEETER, MICHAEL DPM
Address: 7243 HIGHWAY 301 SOUTH
City-St-Zip: RIVERVIEW, FL 33569

Title: DV ( ) Delete
Name: PORT, MARTIN
Address: 2835 W. DELEON STREET, SUITE 101
City-St-Zip: TAMPA, FL 33606

Title: DP ( ) Delete
Name: LABOHN, SCOTT M
Address: 38105 13 AVENUE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: DV ( ) Delete
Name: JUAN, RIVERA DPM
Address: 2835 W. DELEON STREET, SUITE 101
City-St-Zip: TAMPA, FL 33606

Title: DT ( ) Delete
Name: FRIEDMAN, KENNETH
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 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: JOSEPH RESNICK COO 07/14/2008

Electronic Signature of Signing Officer or Director Date