

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H67492

FILED
Jan 04, 2010
Secretary of State

Entity Name: ORLANDO FOOT & ANKLE CLINIC, INC.

Current Principal Place of Business:

3670 MAGUIRE BOULEVARD
SUITE 220
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

3670 MAGUIRE BOULEVARD
SUITE 220
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-2580012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RENTON, GREGORY J
3670 MAGUIRE BOULEVARD
SUITE 220
ORLANDO, FL 32803 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
Name: MOATS, DAVID B
Address: 3670 MAGUIRE BLVD., SUITE 220
City-St-Zip: ORLANDO, FL 30803

Title: VP
Name: MAGUIRE, CRAIG C
Address: 3670 MAGUIRE BLVD., SUITE 220
City-St-Zip: ORLANDO, FL 32803

Title: P
Name: MAGUIRE, RAYMER F III
Address: 1010 EXECUTIVE CENTER DRIVE, STE 121
City-St-Zip: ORLANDO, FL 32803

Title: ST
Name: RENTON, GREGORY J
Address: 3670 MAGUIRE BLVD., SUITE 220
City-St-Zip: ORLANDO, FL 32803

I hereby 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 all other like empowered.

SIGNATURE: GREGORY J. RENTON

ST

01/04/2010

Electronic Signature of Signing Officer or Director

Date