

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K50911

1. Entity Name
FOOT, ANKLE & LEG SPECIALISTS OF SOUTH FLORIDA,
INC.



Principal Place of Business
1600 TOWN CENTER BLVD
SUITE C
WESTON, FL 33326

Mailing Address
1600 TOWN CENTER BLVD
SUITE C
WESTON, FL 33326

FILED
Feb 25, 2008 08:00 AM
Secretary of State



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0105427

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHEINBERG, ROBERT DPM
1600 TOWN CENTER BLVD
SUITE C
WESTON, FL 33326

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDST
NAME SHEINBERG, ROBERT DPM
STREET ADDRESS 1600 TOWN CENTER BLVD SUITE C
CITY-ST-ZIP WESTON, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 2/8/08

X 349-2441