2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000023539

1. Entity Name

SOUND ORTHOPAEDICS & FOOT AND ANKLE CENTER, P.A.



FILED Apr 19, 2007 08:00 A Secretary of State

Principal Place of Business

8418 EAST BAY BLVD NAVARRE, FL 32566

SIGNATURE:

Mailing Address

8418 EAST BAY BLVD NAVARRE, FL 32566

		,				 	131 0 (1311) 15 1 (15 16)	
DO NOT WRITE IN THIS SPACE				01252007 4. FEI Numb 59-362	-	CR2E034 (11/	Applied For Not Applicable Additional	
	6. Name and Address of Current Regis	tered Agent						
HOLLIS, MINOO H 8418 EAST BAY BLVD NAVARRE, FL 32566				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	f applicable. (NOTE: Registered	Agent signature	required when remetating)	·	DATE		
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan- Trust Fund Contribution.			cing 🔲	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD HOLLIS, MINOO H 8418 EAST BAY BLVD NAVARRE, FL 32566		•					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					NOT W			
NAME STREET ADORESS CITY-ST-ZIP				in	THIS SF	ACE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				. , ,	0000 04/30/0)00717480)7-80049-0	23 150.0	
12. I hereby of indicated of the cor	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with al	ling does not qualify for the exe and accurate and that my signate to execute this report as required to other like empowered.	mptions cor ure shall haved by Chap	ntained in Chapter 11: ve the same legal effe ter 607, Florida Statut	9, Florida Statutes. I ct as if made under c es; and that my name	further certify that to the things of the transfer of the tran	the information ficer or director 10 or Block 11 if	