

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003740

FILED
Jan 11, 2010
Secretary of State

Entity Name: CENTER FOR ANKLE & FOOT CARE, INC.

Current Principal Place of Business:

350 E. HWY 50
CLERMONT, FL 34711

New Principal Place of Business:

3150 CITRUS TOWER BLVD
SUITE B
CLERMONT, FL 34711

Current Mailing Address:

350 E. HWY 50
CLERMONT, FL 34711

New Mailing Address:

3150 CITRUS TOWER BLVD
SUITE B
CLERMONT, FL 34711

FEI Number: 04-3604213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGOWAN, JOSEPH F
350 E HWY 50
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

MCGOWAN, JOSEPH F
3150 CITRUS TOWER BLVD
SUITE B
CLERMONT, FL 34711 US

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:

01/11/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: MCGOWAN, MICHELE
Address: 3150 CITRUS TOWER BLVD
City-St-Zip: CLERMONT, FL 34711

Title: V
Name: HENNE, TIM
Address: 3150 CITRUS TOWER BLVD
City-St-Zip: CLERMONT, FL 34711

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: TIM HENNR

VP

01/11/2010

Electronic Signature of Signing Officer or Director

Date