

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003740

FILED
Jan 06, 2011
Secretary of State

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

Current Principal Place of Business:

3150 CITRUS TOWER BLVD
SUITE B
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

3150 CITRUS TOWER BLVD
SUITE B
CLERMONT, FL 34711

New Mailing Address:

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
3150 CITRUS TOWER BLVD
SUITE B
CLERMONT, FL 34711 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

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 HENNE

VP

01/06/2011

Electronic Signature of Signing Officer or Director

Date