
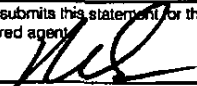



FILED
Aug 03, 2004 8:00 am
Secretary of State

07-22-2004 90007 022 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000024662			
1. Entity Name WEST ORANGE FOOT & ANKLE SPECIALISTS, INC.			
Principal Place of Business 10125 W. COLONIAL DR. # 219 OCOE, FL 34761		Mailing Address 10125 W. COLONIAL DR. # 219 OCOE, FL 34761	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FFI Number 05-1177534		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LALIBERTE, PATRICIA A 8879 W. COLONIAL DR. # 171 OCOE, FL, FL 34761		7. Name and Address of New Registered Agent Name MICHAEL LALIBERTE Street Address (P.O. Box Number is Not Acceptable) 10125 W. COLONIAL DR # 219 City OCOE FL 34761	
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  DATE 7/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - PRESIDENT MICHAEL LALIBERTE 10125 W. COLONIAL DR OCOE FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PATRICIA LALIBERTE 10125 W. COLONIAL DR OCOE FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date 7/20/04 Daytime Phone # 4075239993	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



All the best
July 20, 2004

WEST ORANGE PODIATRY
M. LALIBERTE, D.P.M., F.A.C.F.S.

Diplomate, American Board of Podiatric Surgery

10125 West Colonial Drive, Suite 219
Ocoee, Florida 34761
(407) 523-9993
Fax (407) 523-9325

66431303
#P03000024662

July 20, 2004

Division of Corporations
POB 1500
Tallahassee, FL 32302-1500

Gentlemen,

Please find enclosed our 2004 annual report along with the \$150.00 filing as advised on your telephone message. We did not receive any notice to file until we received a Notice of Intent to Dissolve.

I regret the delay.

Respectfully,

ML
Michael Laliberte, DPM