

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024662

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: WEST ORANGE FOOT & ANKLE SPECIALISTS, INC.

## Current Principal Place of Business:

10125 W. COLONIAL DR.  
# 219  
OCOOE, FL 34761

## New Principal Place of Business:

## Current Mailing Address:

10125 W. COLONIAL DR.  
# 219  
OCOOE, FL 34761

## New Mailing Address:

POB 757  
GOTHA, FL 34734

FEI Number: 65-1177534

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LALIBERTE, PATRICIA A  
10125 W. COLONIAL CR  
#219  
OCOOE, FL 34761 US

## Name and Address of New Registered Agent:

LALIBERTE, PATRICIA A  
10125 W. COLONIAL DR.  
#219  
OCOOE, FL 34761 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:

01/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LALIBERTE, MICHAEL  
Address: 10125 W. COLONIAL DR  
City-St-Zip: OCOOE, FL 34761

Title: D ( ) Delete  
Name: LALIBERTE, PATRICIA  
Address: 10125 W. COLONIAL DR  
City-St-Zip: OCOOE, FL 34761

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: LALIBERTE, MICHAEL  
Address: 10125 W. COLONIAL DR  
City-St-Zip: OCOOE, FL 34761

Title: DIR (X) Change ( ) Addition  
Name: LALIBERTE, PATRICIA  
Address: 10125 W. COLONIAL DR  
City-St-Zip: OCOOE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL LALIBERTE

PRES

01/05/2006

Electronic Signature of Signing Officer or Director

Date