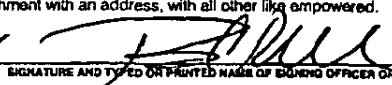


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90032 049 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                              |                                                                                                                                   |                                                                                                                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000104348</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                              |                                                                                                                                   |                                                                                                                                                     |  |
| 1. Entity Name<br>CENTER FOR FOOT AND ANKLE DISORDERS, P.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                                              |                                                                                                                                   |                                                                                                                                                                                                                                      |  |
| Principal Place of Business<br>8340 LAKEWOOD RANCH BLVD #220<br>LAKEWOOD RANCH, FL 34202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                                              | Mailing Address<br>46 N WASHINGTON BLVD #1<br>SARASOTA, FL 34236                                                                  |                                                                                                                                                                                                                                      |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br>SUITE 320<br>City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                                              | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br>City & State                                                                     |                                                                                                                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                         | Zip                                                                                                          | Country                                                                                                                           | 4. FEI Number<br>20-136088                                                                                                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                              |                                                                                                                                   | Applied For<br>Not Applicable                                                                                                                                                                                                        |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                                              |                                                                                                                                   | 01282005 Chg-P CR2E034 (10/03)                                                                                                                                                                                                       |  |
| 6. Name and Address of Current Registered Agent<br><br>LPS CORPORATE SERVICES, INC.<br>46 N WASHINGTON BLVD #1<br>SARASOTA, FL 34236                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                              | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |                                                                                                                                                                                                                                      |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                                              |                                                                                                                                   |                                                                                                                                                                                                                                      |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                    | DPST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>RELL, BRIAN C.<br>8340 LAKEWOOD RANCH BLVD., #320<br>LAKEWOOD RANCH, FL 34202 <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                    |                                                                                                                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                    |                                                                                                                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                    |                                                                                                                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                    |                                                                                                                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete |                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                    |                                                                                                                                                                                                                                      |  |
| 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:  1/29/05<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                                              |                                                                                                                                   |                                                                                                                                                                                                                                      |  |

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