2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P04000104348

Entity Name: CENTER FOR FOOT AND ANKLE DISORDERS, P.A.

Current Principal Place of Business:

8340 LAKEWOOD RANCH BLVD
SUITE 320
LAKEWOOD RANCH, FL 34202

New Principal Place of Business:

Current Mailing Address:

46 N WASHINGTON BLVD #1
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 20-1366088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LPS CORPORATE SERVICES, INC.
46 N WASHINGTON BLVD #1
SARASOTA, FL 34236 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: BRIAN, BELL
Address: 6346 WATERCREST WAY #401
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: RELL, BRIAN C
Address: 6340 WATERCREST WAY #401
City-St-Zip: BRADENTON, FL 34202

I hereby certify that the information supplied with this filing does not qualify 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: BRIAN C. RELL PRES 04/29/2009

Electronic Signature of Signing Officer or Director — Date