2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 8:00 am Secretary of State DOCUMENT # P07000023686 04-28-2008 90352 039 ***158.75 NORTH FLORIDA FOOT AND ANKLE CENTER, P.A. Principal Place of Business Mailing Address 8833 PERIMETER PARK BLVD 8833 PERIMETER PARK BLVD JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8825 Perimeter Park Blud 8805 Perimeter Park Blud Suite, Apt. #, etc. Suite, Apt. #. etc. 04252008 Chg-P CR2E034 (12/06) Ste 401 Ste 401 City & State City & State 4. FEI Number Applied For Jacksonville. Jacksonville 141986448 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired USA 32216 <u> 32216</u> **USA** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Andrew Bartell BARTELL, ANDREW Street Address (P.O. Box Number is Not Acceptable) 8833 PERIMETER PARK BLVD JACKSONVILLE, FL 32216 8825 Perimeter Park Blud city Lacksonville 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 (NOTE: Registered Agent signature required when rematating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D٤ THE □ Delete TITLE ☐ Change Addition BARTELL, ANDREW NAME STREET ADDRESS 8833 PERIMETER PARK BLVD STREET ADDRESS 8825 Perimeter Park Blud Ste401 .₽ CITY-ST-ZP JACKSONVILLE, FL 32216 CITY-ST-7IP TITLE D ☐ Delete TITLE ☐ Change ☐ Addition BARTELL, AMANDA NAME NAME 8825 Perimeter Park Blvd Ste 401 STREET ADORESS 8833 PERIMETER PARK BLVD STREET ADDRESS 2 CITY-ST-7P JACKSONVILLE, FL 32216 CITY-ST-7P TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS (3TY-ST-7IP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 tike empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADORESS

CETY-ST-ZIP

CITY-ST-ZIP

TITLE

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