FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:58

DOCUMENT # P93000034294 (7)

1. Corporation Name
FLORIDA FOOT & ANKLE GROUP, P.A.

Principal Place of Business	Mailing Address
2431 ALOMA AVE STE 225 WINTER PARK FL 32792 US	2431 ALOMA AVE STE 225 WINTER APRK FL 32792 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/06/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-3183245 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCNAMARA, VICTOR
1170 S. SEMORAN BLVD.
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	MCNAINARA, VICTOR D	1.2 NAME	MCNAMARA, Victor F	
STREET ADDRESS	1170 S SEMOARAN BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	PEARL, FREDERICK D DELETE	2.2 NAME	WAYNE, ROBERT N	
STREET ADDRESS	830 E SR 434	2.3 STREET ADDRESS	4503 Curry Ford RD	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	TD	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	ROTH, WALTER E III	3.2 NAME	Thomas, Joseph	
STREET ADDRESS	2500 W LAKE MARY BLVD	3.3 STREET ADDRESS	820-B Deltona BLVD	
CITY-ST-ZIP	LAKE MARY FL	3.4 CITY-ST-ZIP	DELTONA FL 32725	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, CINDY D	4.2 NAME		
STREET ADDRESS	2500 W LAKE MARY BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	COMINOS, JANET D	5.2 NAME	BLACK, JANET	
STREET ADDRESS	1120 SEMORAN BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	FANN, THOMAS D	6.2 NAME		
STREET ADDRESS	1120 SEMORAN BLVD	6.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3-10-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047727 CP