

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000034294 (7)

1. Corporation Name

FLORIDA FOOT & ANKLE GROUP, P.A.



Principal Place of Business

2431 ALOMA AVE
STE 225
WINTER PARK FL 32792
US

Mailing Address

2431 ALOMA AVE
STE 225
WINTER APRK FL 32792
US

3. Date Incorporated or Qualified

05/06/1993

3a. Date of Last Report

03/24/1995

2. Principal Place of Business

2a. Mailing Address

21 2431 Aloma AVE

26 2431 Aloma AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 223

27 STE 223

City & State

City & State

23 WINTER PARK FL

28 WINTER PARK FL

Zip

Country

Zip

Country

24 32792

25 ORANGE

29 32792

30 ORANGE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCNAMARA, VICTOR F.	
STREET ADDRESS	1170 S SEMORAN BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WAYNE, ROBERT N.	
STREET ADDRESS	4503 CURRY FORD RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROTH, WALTER E III	
STREET ADDRESS	2500 W LAKE MARY BLVD	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WATSON, CINDY D	
STREET ADDRESS	2500 W LAKE MARY BLVD	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BLACK, JANET	
STREET ADDRESS	1120 SEMORAN BLVD	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FANN, THOMAS D	
STREET ADDRESS	1120 SEMORAN BLVD	
CITY-ST-ZIP	CASSELBERRY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Thomas, JOSEPH VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	820-B DELTONA BLVD.	
1.3 STREET ADDRESS	DELTONA, FL 32725	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96

Daytime Phone #

CR2E034 (12/95)