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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000034294 (7)**

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

Principal Place of Business	Mailing Address
2431 ALOMA AVE STE 223 WINTER PARK FL 32792 US	2431 ALOMA AVE STE 223 WINTER APRK FL 32792-2565 US

3. Date Incorporated or Qualified: 05/06/1993	3a. Date of Last Report: 03/18/1996
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	

2. Principal Place of Business	2a. Mailing Address
21 Suite 108	26 931 N. State Road 434
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 108	27 Suite 1201-207
City & State	City & State
23 Lake Mary, FL	28 Altamonte Springs, FL
Zip / Country	Zip / Country
24 32746 / 25 USA	29 32714 / 30 USA

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: Walter E. Roth, III
82 Street Address (P.O. Box Number is Not Acceptable): 2500 W. Lake Mary Blvd., #108
83
84 City: Lake Mary FL 85 Zip Code: 32746

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], Walter E. Roth, III, treasurer — 5/31/97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCNAMARA, VICTOR F.		1.2 NAME		
STREET ADDRESS	1170 S SEMORAN BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	S/D	☒ Change ☐ Addition
NAME	WAYNE, ROBERT N.		2.2 NAME		
STREET ADDRESS	4503 CURRY FORD RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROTH, WALTER E III		3.2 NAME		
STREET ADDRESS	2500 W LAKE MARY BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	V/D/M	☒ 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	VD	☐ DELETE	5.1 TITLE	P/D	☒ Change ☐ Addition
NAME	THOMAS, JOSEPH		5.2 NAME		
STREET ADDRESS	820 B DELTONA BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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		

CR2E034 (9/96)

14. I do 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 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] Walter E. Roth, III treasurer 5/31/97 407-323-2566