

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90107 040 \*\*\*150.00

DOCUMENT # P93000034294

1. Corporation Name

FLORIDA FOOT & ANKLE GROUP, P.A.

Principal Place of Business

4503 CURRY FORD RD

~~STE 108~~

ORLANDO FL 32812

US

Mailing Address

2500 W. LAKE MARY BLVD

SUITE 108

LAKE MARY FL 32746

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1993

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 ~~delete~~: Ste 108

23 City & State

24 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ROTH, WALTER E III  
2500 W LAKE MARY BLVD.  
STE. 108  
LAKE MARY FL 32746

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE  
NAME WAYNE, ROBERT N.  
STREET ADDRESS 4503 CURRY FORD RD  
CITY-ST-ZIP ORLANDO FL 32812

TITLE TD ☐ DELETE  
NAME ROTH, WALTER E III  
STREET ADDRESS 2500 W LAKE MARY BLVD  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D ☐ DELETE  
NAME WATSON, CINDY D  
STREET ADDRESS 2500 W LAKE MARY BLVD  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE SD ☐ DELETE  
NAME FANN, THOMAS D  
STREET ADDRESS 1120 SEMORAN BLVD  
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE PD ☐ DELETE  
NAME CHESSMAN, GARY W.  
STREET ADDRESS 1410 W. BROADWAY, #203  
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME WATSON, CINDY M.  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME FANN, THOMAS R.  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/99 407-323-2566

0072985

CR2E034 (11/98)