

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000034294

FILED
Jan 18, 2004
Secretary of State

Entity Name: FLORIDA FOOT & ANKLE GROUP, P.A.

Current Principal Place of Business:

1120 SEMORAN BLVD
CASSELBERRY, FL 32707 US

New Principal Place of Business:

1120 SEMORAN BLVD
STE 1400
CASSELBERRY, FL 32707 US

Current Mailing Address:

925 WILLISTON PARK POINT
STE 1009
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 59-3183245 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTH, WALTER E III
925 WILLISTON PARK POINT
STE 1009
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: ROTH, WALTER E III
Address: 2500 W LAKE MARY BLVD
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: WATSON, CINDY M
Address: 2500 W LAKE MARY BLVD
City-St-Zip: LAKE MARY, FL 32746

Title: SD () Delete
Name: FANN, THOMAS R
Address: 1120 SEMORAN BLVD
City-St-Zip: CASSELBERRY, FL 32707

Title: PD () Delete
Name: CHESSMAN, GARY W.
Address: 100 BURNSED PLACE, #100
City-St-Zip: OVIEDO, FL 32765

Title: VD () Delete
Name: ALAISH, LISA N
Address: 4503 CURRY FORD RD
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: ROTH, WALTER E III
Address: 925 WILLISTON PARK POINT, STE 1009
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Change () Addition
Name: WATSON, CINDY M
Address: 925 WILLISTON PARK POINT, STE 1009
City-St-Zip: LAKE MARY, FL 32746

Title: SD (X) Change () Addition
Name: FANN, THOMAS R
Address: 1120 SEMORAN BLVD, STE 1400
City-St-Zip: CASSELBERRY, FL 32707

Title: PD (X) Change () Addition
Name: CHESSMAN, GARY W
Address: 1410 W BROADWAY, STE 102
City-St-Zip: OVIEDO, FL 32765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER E. ROTH III

TD

01/18/2004

Electronic Signature of Signing Officer or Director

_____ Date