

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90030 019 \*\*\*150.00

**50007081**



DOCUMENT # P93000034294			
1. Entity Name FLORIDA FOOT & ANKLE GROUP, P.A.			
Principal Place of Business 1120 SEMORAN BLVD STE 1400 CASSELBERRY, FL 32707 US		Mailing Address 925 WILLISTON PARK POINT STE 1009 LAKE MARY, FL 32746 US	
2. Principal Place of Business <i>1120 State Road 436</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>Ste 1400</i>		Suite, Apt. #, etc.	
City & State <i>Casselberry, FL</i>		City & State	
Zip <i>32707</i>	Country <i>US</i>	Zip	Country
6. Name and Address of Current Registered Agent  ROTH, WALTER E III 925 WILLISTON PARK POINT STE 1009 LAKE MARY, FL 32746		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROTH, WALTER E III 925 WILLISTON PARK POINT, STE 1009 LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, CINDY M 925 WILLISTON PARK POINT, STE 1009 LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FANN, THOMAS R 1120 SEMORAN BLVD, STE 1400 CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1120 state Road 436, ste 1400</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHESSMAN, GARY W 1410 W BROADWAY, STE 102 OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALASH, LISA N 4503 CURRY FORD RD ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowerers.			
SIGNATURE: <i>[Signature]</i>		Date: <i>1/04/05</i> Daytime Phone #: <i>407-323-2566</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	