


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # P93000034294	
1. Entity Name FLORIDA FOOT & ANKLE GROUP, P.A.	

Principal Place of Business 1120 STATE ROAD 436 STE 1400 CASSELBERRY, FL 32707 US	Mailing Address 925 WILLISTON PARK POINT STE 1009 LAKE MARY, FL 32746 US
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03012006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3183245

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ROTH, WALTER E III 925 WILLISTON PARK POINT STE 1009 LAKE MARY, FL 32746
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**DO NOT WRITE
IN THIS SPACE**

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 am the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000477000
16/06-80033-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	ROTH, WALTER E III
STREET ADDRESS	925 WILLISTON PARK POINT, STE 1009
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D
NAME	WATSON, CINDY M
STREET ADDRESS	925 WILLISTON PARK POINT, STE 1009
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	SD
NAME	FANN, THOMAS R
STREET ADDRESS	1120 STATE ROAD 436, STE 1400
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	PD
NAME	CHESSMAN, GARY W
STREET ADDRESS	1410 W BROADWAY, STE 102
CITY-ST-ZIP	OVIDO, FL 32765
TITLE	VD
NAME	ALAISH, LISA N
STREET ADDRESS	4503 CURRY FORD RD
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Walter E. ROTH