

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90044 002 ***150.00

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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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01032007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3183245	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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
State FL 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 _____
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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	ROTH, WALTER E III	
STREET ADDRESS	925 WILLISTON PARK POINT, STE 1009	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, CINDY M	
STREET ADDRESS	925 WILLISTON PARK POINT, STE 1009	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FANN, THOMAS R	
STREET ADDRESS	1120 STATE ROAD 436, STE 1400	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHESSMAN, GARY W	
STREET ADDRESS	1410 W BROADWAY, STE 102	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALAISH, LISA N	
STREET ADDRESS	4503 CURRY FORD RD	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHAVIR, NICK	
STREET ADDRESS	10,000 W. Colonial Drive, Ste 496	
CITY-ST-ZIP	OCFEE, FL 32761	

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Walter E. Roth III* **Walter E. Roth III / Treasurer** 01/03/07 407-788-0507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #