

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90021 037 ***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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3183245	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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 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 _____ <small>Signature, typed or printed name of registered agent and title (if applicable) (P.O. Box Number is Not Acceptable) (P.O. Box Number is Not Acceptable) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-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-STATE-ZIP	D WATSON, CINDY M 925 WILLISTON PARK POINT, STE 1009 LAKE MARY, FL 32746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD FANN, THOMAS R 1120 STATE ROAD 436, STE 1400 CASSELBERRY, FL 32707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD CHESSMAN, GARY W 1410 W BROADWAY, STE 102 OVIEDO, FL 32765	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD ALAISH, LISA N 4503 CURRY FORD RD ORLANDO, FL 32812	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MAHAVIR, NICK 10,000 W. COLONIAL DR., STE 496 OCOOEE, FL 34761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V/D W/D P/D S/D 1140 Kelton Ave., Bldg. 3 Ocoee, FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Walter E. Roth III</u> <i>Walter E. Roth III, Treasurer 01/21/08 407-323-2586</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Captive Printer #</small>					