

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000034294

FILED  
Jan 08, 2011  
Secretary of State

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

**Current Principal Place of Business:**

1120 STATE ROAD 436  
STE 1400  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

**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

**OFFICERS AND DIRECTORS:**

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

Title: VD  
Name: WATSON, CINDY M  
Address: 925 WILLISTON PARK POINT, STE 1009  
City-St-Zip: LAKE MARY, FL 32746

Title: VD  
Name: FANN, THOMAS R  
Address: 1120 STATE ROAD 436, STE 1400  
City-St-Zip: CASSELBERRY, FL 32707

Title: VD  
Name: CHESSMAN, GARY W  
Address: 7560 RED BUG ROAD, STE 2024  
City-St-Zip: OVIEDO, FL 32765

Title: PD  
Name: ALAISH, LISA N  
Address: 4503 CURRY FORD RD  
City-St-Zip: ORLANDO, FL 32812

I hereby 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 all other like empowered.

SIGNATURE: WALTER E. ROTH III

TD

01/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date