

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90303 022 ***150.00

DOCUMENT # P93000034294

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



Principal Place of Business
**1120 SEMORAN BLVD
CASSELBERRY FL 32707
US**

Mailing Address
**2500 W. LAKE MARY BLVD
SUITE 108
LAKE MARY FL 32746
US**

2. Principal Place of Business

3. Mailing Address
**925 Williston Park Point
Suite, Apt. #, etc.
Suite 1009**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Lake Mary, FL

Zip

Country

Zip
32746

Country
USA

4. FEI Number **59-3183245**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROTH, WALTER E III
2500 W LAKE MARY BLVD.
STE. 108
LAKE MARY FL 32746**

Name **(Same)**
Street Address (P.O. Box Number is not Acceptable)
**925 Williston Park Point
Suite 1009
City Lake Mary FL Zip Code 32746**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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-ST-ZIP	VD WAYNE, ROBERT N. 4503 CURRY FORD RD ORLANDO FL 32812	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROTH, WALTER E III 2500 W LAKE MARY BLVD LAKE MARY FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, CINDY M 2500 W LAKE MARY BLVD LAKE MARY FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FANN, THOMAS R 1120 SEMORAN BLVD CASSELBERRY FL 32707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHESSMAN, GARY W. 100 BURNSIDE PLACE, #100 OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Alaish, Lisa N. 4503 Curry Ford Rd. Orlando, FL 32812	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 a trustee empowered.

SIGNATURE:

Walter E. Roth III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter E. Roth III 1/21/03 407-323-2566
Date Daytime Phone #

CR2E034 (10/02)