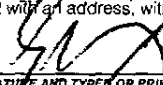


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000055361			
1. Entity Name FOOT AND ANKLE NETWORK, INC.			
Principal Place of Business 7000 W. 12TH AVE. SUITE 1 HIALEAH, FL 33014	Mailing Address 7000 W. 12TH AVE. SUITE 1 HIALEAH, FL 33014		
DO NOT WRITE IN THIS SPACE			
		02272006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0429853	Applied For Not Applicable
		5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HOROWITZ, SAM DR 7000 W. 12TH AVE. SUITE 1 HIALEAH, FL 33014		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 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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees 000000454162 03/14/06-80051-009 158.75
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOROWITZ, SAM 7000 W. 12TH AVE. HIALEAH, FL 33014		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GELLER, EDWARD N DPM 7000 W 12TH AVE #1 HIALEAH, FL 33014		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		2/25/06 (305) 5580144	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	