

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000058442

FILED  
Apr 29, 2004  
Secretary of State

**Entity Name:** LEE COUNTY CENTER FOR FOOT AND ANKLE SURGERY, INC.

**Current Principal Place of Business:**

12734 KENWOOD LN  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

12734 KENWOOD LN  
FORT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 65-0431010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DESAL, SANDRA P DPM  
12734 KENWOOD LN  
FORT MYERS, FL 33907 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP ( ) Delete  
**Name:** DESAL, SANDRA P DPM  
**Address:** 12734 KENWOOD LN  
**City-St-Zip:** FORT MYERS, FL 33907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** DP (X) Change ( ) Addition  
**Name:** DESAL, SANDRA P DPM  
**Address:** 12734 KENWOOD LN SUITE 44  
**City-St-Zip:** FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

**SIGNATURE:** SANDRA P DESAI DPM

DP

04/29/2004

Electronic Signature of Signing Officer or Director

Date