2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000013695

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

Principal Place of Business	Mailing Address
5238 MASON CIRBIN COURT SUITE 102 FT MYERS, FL 33907	5238 MASON CIRBIN COURT SUITE 102 FT MYERS, FL 33907

DO NOT WRITE IN THIS SPACE

01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0476788

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOLBERG, STEVEN E
5238 P MASON CORBIN CT.
FT MYERS, FL 33907

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000097083
03/26/04-80023-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOLBERG, STEVEN E DPM
STREET ADDRESS	5238 MASON CORBIN CT #102
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	D
NAME	CASTELLANO, BRADLEY DPM
STREET ADDRESS	5238 MASON CIRBON COURT #102
CITY-ST-ZIP	FT MYERS, FL 33907
TITLE	DPM
NAME	ANDREW, DAVID D
STREET ADDRESS	5238 MASON CORBIN COURT #102
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	DPM
NAME	GOLDSTEIN, JEROLD D
STREET ADDRESS	5238 MASON CORBIN COURT #102
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	D
NAME	KLIMOWICH, CHRIS
STREET ADDRESS	5238 MASON CORBIN COURT #102
CITY-ST-ZIP	FT MYERS, FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: _____ 3/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #