




**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00-AM**  
**Secretary of State**

<b>DOCUMENT # P95000044071</b>			
1. Entity Name FOOT & ANKLE ASSOCIATES OF WEST FLORIDA, P.A.			
Principal Place of Business 11373 CORTEZ BLVD SPRING HILL, FL 34613		Mailing Address 11373 CORTEZ BLVD SPRING HILL, FL 34613	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03032004 No Chg-P CR2E034 (10/03)	
		4. FET Number 59-3321025	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  GONZALES, LARRY J 6645 RIDGE RD PORT RICHEY, FL 34668		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		U000000087590 03/15/04-80017-021 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	MILLER, CHARLES		
STREET ADDRESS	11373 CORTEZ BLVD		
CITY-ST-ZIP	SPRING HILL, FL 34613		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
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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 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:  Charles M. Miller		X 3-11-04 352-596-8348	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	