

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90241 034 \*\*\*158.75

**DOCUMENT # P95000086628**

1. Entity Name

HOLLYWOOD FOOT & ANKLE CENTER, INC.



Principal Place of Business

3800 SOUTH OCEAN DRIVE  
SUITE 204  
HOLLYWOOD FL 33019  
US

Mailing Address

3800 SOUTH OCEAN DRIVE  
SUITE 204  
HOLLYWOOD FL 33019  
US



2. Principal Place of Business

22023 STATE RD 7

3. Mailing Address

22023 STATE RD 7

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

1st MOORE

CR2E034 (10/05)

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-0629017

Applied For

Not Applicable

Zip

33428

Country

USA

Zip

33428

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MERENDINO, ANTHONY DR.  
3800 SOUTH OCEAN DRIVE  
SUITE 204  
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name MERENDINO, JOSEPH DR.

Street Address (P.O. Box Number is Not Acceptable)

22023 STATE RD 7

SUITE 101

City

BOCA RATON

FL

Zip Code

33428

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

DR. JOSEPH MERENDINO, DIRECTOR

3-4-06

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**

**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

TITLE D ☐ Delete  
NAME MERENDINO, ANTHONY DR.  
STREET ADDRESS 3800 S. OCEAN DRIVE, SUITE 213  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE D ☐ Delete  
NAME MERENDINO, JOSEPH DR.  
STREET ADDRESS 3800 S. OCEAN DRIVE, SUITE 213  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME MERENDINO, ANTONY DR.  
STREET ADDRESS 22023 STATE RD 7, SUITE 101  
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME MERENDINO, JOSEPH DR.  
STREET ADDRESS 22023 STATE RD 7, SUITE 101  
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Section 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 to this address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH MERENDINO

3-4-06

Date

561-353-3333

Daytime Phone #