2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000036945

Address:

City-St-Zip:

Entity Name: FAMILY FOOT AND ANKLE CENTER, INC.

WEST PALM BEACH, FL 33417

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5928 OKEECHOBEE BLVD WEST PALM BEACH, FL 33417 **Current Mailing Address: New Mailing Address:** 5928 OKEECHOBEE BLVD WEST PALM BEACH, FL 33417 FEI Number: 65-0662011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RISPLER, GLENN 5928 OKEECHOBEE BLVD. WEST PALM BEACH, FL 33417 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RISPLER, GLENN Name: Name: 5928 OKEECHOBEE BLVD. Address: Address: City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: RISPLER, NANETTE Name: 5928 OKEECHOBEE BLVD Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GLENN A. RISPLER **PRES** 04/20/2009