


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000073944</b> 1. Entity Name FLORIDA FOOT & ANKLE PHYSICIANS, P.A.	
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Principal Place of Business 643 CAPE CORAL PARKWAY SUITE D, CENTRA CARE PLAZA CAPE CORAL, FL 33904	Mailing Address 3700 CENTRAL AVENUE SUITE 1 FORT MYERS, FL 33901
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**DO NOT WRITE IN THIS SPACE**



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0695956	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  
  
CARUSO, TODD A CPA  
8191 COLLEGE PARKWAY  
SUITE 302  
FORT MYERS, FL 33919

**DO NOT WRITE  
IN THIS SPACE**

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.

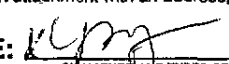
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, MICHAEL N DR. 643 CAPE CORAL PKWY., SUITE D CAPE CORAL, FL 33904
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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)(f), 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:  Michael Price DPM **44-05 x 239-542-380**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #