Applied For Not Applicable

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90112 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000070766

1. Corporation Name

LAKELAND FOOT & ANKLE CENTER, P.A.

| Principal Place of Business | Mailing Address | | | | | | | |
|---|--|-------------|--|--|------------|---------------------------------|--|--|
| 1543 LAKELAND HILLS BLVD. LAKELAND FL 33805 | 1543 LAKELAND HILLS BLVD. LAKELAND FL 33805 | | DO NOT WRITE IN TH | ue enac | ` = | | | |
| • | | | | | 113 SFAC | | | |
| | | | | 3. Date Incorporated or Qualified 08/14/1997 | | | | |
| 2. Principal Place of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For | | |
| 21 | 26 | | | 59-3461350 | | Not Applicat | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | • | 1.75 Additional Fee Required | | |
| City & State | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | | 5.00 May Be | | |
| Zip Country | | Country | | This corporation owes the current year | | | | |
| 24 25 | 29 30 | , can iti y | | Personal Property Tax. | ∏ Ye | _ | | |
| 9. Name and Address of Current Registered Agent | | - | | 10. Name and Address of New Register | ed Agent | | | |
| COOK, GREGORY G | | 81 | Name | | | _ | | |
| 1543 LAKELAND HILLS BLVD. | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| LAKELAND FL 33805 | | 83 | | | | | | |
| | | 84 | City | | 85 | Zip Code | | |

| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | |
|---|--|------------------------------|-----------------------------|----------------|--|--|--|--|--|--|
| SIGNATURE | Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Re | gistered Agent signature rec | uired when reinstating) DA | ιTE . | | | | | | |
| 12, | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTO | RS IN 12 | | | | | |
| TITLE | ST DELETE | 1.1 TITLE | | Change | Addition | | | | | |
| NAME | COOK, KENNETH J | 1.2 NAME | | | } | | | | | |
| STREET ADDRESS | 222 ASH LANE | 1.3 STREET ADDRESS | | | ļ | | | | | |
| CITY-ST-ZIP | LAKELAND FL 33813 | 1.4 CITY-ST-ZIP | | | | | | | | |
| TITLE | P DELETE | 2.1 TITLE | | Change | Addition | | | | | |
| NAME | COOK, GREGORY G | 2.2 NAME | | | | | | | | |
| STREET ADDRESS | 222 ASH LANE | 2.3 STREET ADDRESS | | | . [| | | | | |
| CITY-ST-ZIP | LAKELAND FL 33813 | 2, 4 CITY-ST-ZIP _ | <u> </u> | | | | | | | |
| TITLE | DELETE | 3.1 TITLE | • | Change | Addition | | | | | |
| NAME | | 3.2 NAME | | | | | | | | |
| STREET ADDRESS | • | 3.3 STREET ADDRESS | | • | i | | | | | |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | | | | | | | | |
| TITLE | DELETE | 4.1 TITLE | | ☐ Change | Addition | | | | | |
| NAME | | 4. 2 NAME | | | | | | | | |
| STREET ADDRESS | , | 4.3 STREET ADDRESS | • | | | | | | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | <u> </u> | CO A delition | | | | | |
| TITLE | DELETE | 5.1 TITLE | | Change | Addition | | | | | |
| NAME | | 5.2 NAME | , | | | | | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | · , · | 5.4 CITY-ST-ZIP | <u> </u> | · | — • • • • • • • • • • • • • • • • • • • | | | | | |
| TITLE | ☐ DELETE | 6.1 TITLE | | Change | ☐ Addition | | | | | |
| NAME | | 6.2 NAME | | | | | | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | | | | | | | |

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

04/16/1999

941-682-3395