2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 10, 2007 8:00 am Secretary of State DOCUMENT # P97000070766 08-10-2007 90048 049 ***150.00 LAKELAND FOOT & ANKLE CENTER, P.A. Principal Place of Business Mailing Address 60054552 1543 LAKELAND HILLS BLVD. 1543 LAKELAND HILLS BLVD. LAKELAND, FL 33805 LAKELAND, FL 33805 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08072007 Cha-P CR2E034 (12/06) Suite B <u>Suite B</u> 4. FEI Number Applied For City & State City & State 59-3461350 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOK, GREGORY G Street Address (P.O. Box Number is Not Acceptable) 1543 LAKELAND HILLS BLVD. LAKELAND, FL 33805 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) d registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 14, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ST TITLE ☐ Change Addition TITLE ☐ Delete COOK, KENNETH J NAME NAME STREET ADORESS STREET ADDRESS 6954 SWEETBRIAR LANE CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-7IP ☐ Addition X Change ☐ Delete TITLE Cook, D.P.M., Gregory COOK, GREGORY G NAME NAME 1024 Josephine Street STREET ADORESS 6954 SWEETBRIAR LANE STREET ADDRESS LAKELAND, FL 33813 CITY-ST-ZIP CITY-ST-ZIP Lakeland, Florida 33815-4425 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Change ■ Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

FILED



ATTACHMENT # 797000070764 Lakeland Foot & Ankle Center, P.A.

Podiatry & Foot Surgery Gregory G. Cook, D.P.M.

August 7, 2007

Florida Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: Waiving of \$400.00 Late Fee

To Whom It May Concern:

Please be advised that I incorrectly filed my state corporation renewal and incorrectly applied for a new corporation rather than filing my annual report. This led to several correspondences prior to obtaining the proper established document number and submission of my annual \$150.00 fee for the annual report.

Please consider waiver of the \$400.00 late fee as a result of the misunderstanding and miscommunication. I spoke with Ms. Valerie Herring on the telephone today.

If you have any questions, please contact me.

Gregory & Cook, D. P.M.

Sincerely,

Gregory G. Cook, D.P.M.

Enc. Letter from Div. of Corp. (7/24/07).

(863) (863)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I

The name of the corporation shall be: Lakeland Foot & Ankle Center, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1543 Lakeland Hills Boulevard, Suite B Lakeland, Florida 33805-3246

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Medical, surgical treatment of foot and ankle diseases.

ARTICLE IV SHARES

The number of shares of stock is:

100

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Gregory G. Cook, D.P.M., President

Kenneth J. Cook, Secretary/Treasurer

Addresses: 1543 Lakeland Hills Boulevard, Suite B

Lakeland, Florida 33805-3246

REGISTERED AGENT ARTICLE VI

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Lakeland Foot & Ankle Center, P.A. 1543 Lakeland Hills Boulevard, Suite B Lakeland, Florida 33805-3246

ARTICLE VII INCORPORATOR

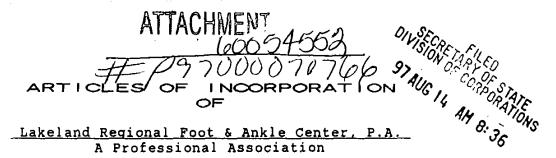
The name and address of the Incorporator is:

Kenneth J. Cook 1543 Lakeland Hills Boulevard, Suite B Lakeland, Florida 33805-3246

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

July 3, 2007

7-3-07 Date



The undersigned incorporator, for the purpose of forming a Professional Association under Florida's Professional Service Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE 1: NAME

The name of the Professional Association shall be: <u>Lakeland</u> Regional Foot & Ankle Center, P.A.

ARTICLE 2: PRINCIPAL PLACE OF BUSINESS

The principal place of business of this Professional Association shall be (give street address and zip code): 1543 Lakeland Hills Boulevard, Lakeland, Florida 33805.

ARTICLE 3: SHARES

All stock issued by this Professional Association shall be common voting stock of a single class. The number of shares of stock that this Professional Association is authorized to have outstanding at any time is: _500_.

ARTICLE 4: INITIAL REGISTERED AGENT AND REGISTERED OFFICE
The name of the initial registered agent is <u>Dr. Gregory G. Cook</u>,
whose registered office is located at the place of business stated
in Article 2 above.

ARTICLE 5: PURPOSE AND RESTRICTIONS

The purpose for which the Professional Association is organized is to engage in the licensed practice of <u>podiatric medicine and foot surgery</u> under regulation of the Florida Department of Professional Regulation. No officer, shareholder, employee, or agent shall practice any other occupation on behalf of, or in the name of, this Professional Association, except to the extent allowed by Florida law. No person rendering professional services shall become an officer, shareholder, employee, or agent of this Professional Association who does not possess a license to engage in the same occupation for which this Professional Association is organized. Should any such person lose the license to so practice, that person shall immediately sever all employment with, and financial interests in, this Professional Association.

ARTICLE 6: NUMBER OF SHARES

The number of shares to be issued are One Hundred (100) with a par value of One Dollar (\$1.00) per share.

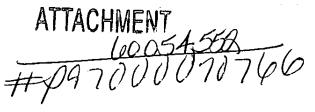
ARTICLE 7: NAME PRESIDENT, TREASURER AND SECRETARY

The name of the President is Gregory G. Cook, D.P.M., whose home address is 222 Ash Lane, Lakeland, Florida, 33813. The name of the Treasurer and Secretary is Kenneth J. Cook, whose

Pursuant to Florida law, the undersigned Corporation organized under the laws of the State of Florida submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the corporation	on/professional association is:
Lakeland Regional Fo	oot & Ankle Center, P.A.
2. The name and address of the	ne registered agent and office is:
Gregory G. Cook, D.I	2.M. VS
Full name	SEC.
	AUG AUG
1543 Lakeland Hills	
Address (P.O. Box not acceptal	
marcos (r.o. box not accepta.	A PPC
	op To
Lakeland, Florida	33805
City, State, and Zip	o XS
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	RED AGENT AND TO ACCEPT SERVICE OF
	ORPORATION AT THE PLACE DESIGNATED IN COMMENT AS REGISTERED
AGENT AND AGREE TO ACT IN THIS	
	TATUTES RELATING TO THE PROPER AND
COMPLETE PERFORMANCE OF MY D	UTIES, AND I AM FAMILIAR WITH AND
ACCEPT THE OBLIGATIONS OF MY	POSITION AS REGISTERED AGENT.
	Hamas M Cab DPM
	SIGNATURE OF REGISTERED AGENT
	SIGNATURE OF WREGISTERED AGENT
	08 August, 1997
	DATE
	Designation of Registered Agent Filing Fee - \$35.00
	rilling ree - \$35,00





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home address is 222 Ash Lane, Lakeland, Florida, 33813.

ARTICLE 8: NAME AND ADDRESS OF EACH INCORPORATOR
The name and address of each incorporator is Gregory G. Cook,
D.P.M., whose home address is 222 Ash Lane, Lakeland, Florida,
33813.

SIGNATURES:

Stegowy of Cook, D.P.M.

President

Kenneth J. Cook

Secretary and Treasurer