


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000000729</b>					
<b>1. Entity Name</b> ANKLE ARTHROSCOPIC ASSOCIATES PROFESSIONAL ASSOCIATION					
<b>Principal Place of Business</b> 4106 LAKE MARY BOULEVARD SUITE 125 LAKE MARY FL 32746			<b>Mailing Address</b> 4106 LAKE MARY BOULEVARD SUITE 125 LAKE MARY FL 32746		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3027964	
				Applied For Not Applicable	
				<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
MASON, CHRIS 4106 LAKE MARY BOULEVARD LAKE MARY FL 32746				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
<b>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</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reappointing) _____ <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b>	<b>P</b> <input type="checkbox"/> Delete	<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	MASON, CHISTOPHER	<b>NAME</b>		U00000445662	
<b>STREET ADDRESS</b>	4106 W LAKE MARY BLVD	<b>STREET ADDRESS</b>		03/07/06-80058-002 158.75	
<b>CITY-ST-ZIP</b>	LAKE MARY FL 32746	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>			
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>			
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>			
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>			
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>			

**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 with an address with all other like empowered.

**SIGNATURE:**

Christopher Mason, D.P.M., P.A. 02-14-2006 407) 333-3668