

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000000729

1. Entity Name
**ANKLE ARTHROSCOPIC ASSOCIATES PROFESSIONAL
ASSOCIATION**



Principal Place of Business

**4106 LAKE MARY BOULEVARD
SUITE 125
LAKE MARY, FL 32746**

Mailing Address

**4106 LAKE MARY BOULEVARD
SUITE 125
LAKE MARY, FL 32746**

FILED
JUL 22 2008
Jul 25, 2008 08:00 AM
Secretary of State



07022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3027964	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MASON, CHRIS
4106 LAKE MARY BOULEVARD
LAKE MARY, FL 32746**

**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.

JUL 22 2008

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00!
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MASON, CHISTOPHER
STREET ADDRESS	4106 W LAKE MARY BLVD
CITY-ST-ZIP	LAKE MARY, FL 32746

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/25/08-80004-005 558.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUL 22 2008