

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000000729

FILED
Feb 02, 2010
Secretary of State

Entity Name: ANKLE ARTHROSCOPIC ASSOCIATES PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

4106 LAKE MARY BOULEVARD
SUITE 125
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

4106 LAKE MARY BOULEVARD
SUITE 125
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-3027964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MASON, CHRIS
4106 LAKE MARY BOULEVARD
SUITE 125
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: MASON, CHISTOPHER
Address: 4106 W LAKE MARY BLVD
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER C. MASON, DPM

P

02/02/2010

Electronic Signature of Signing Officer or Director

Date