

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91027 032 \*\*\*150.00

<b>DOCUMENT # P99000007726</b>					
<b>1. Entity Name</b> FOOT & ANKLE ASSOCIATES, P.A.					
<b>Principal Place of Business</b> 3661 SOUTH MIAMI AVE #601 MIAMI, FL 33133			<b>Mailing Address</b> P.O. BOX 34 7205 CORAL GABLES, FL 33234		
<b>2. Principal Place of Business</b> 3659 S. Miami Ave Suite 3003		<b>3. Mailing Address</b> 1689 Coral Way		94082019 	
Suite, Apt. #, etc. Suite 3003		Suite, Apt. #, etc. Suite 3003		04272004    Chg-P    CR2E034 (10/03)	
City & State Miami FL		City & State Miami FL		<b>4. FEI Number</b> 65-0894484	
Zip 33133		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> RIVERA, MICHAEL DR 3661 SOUTH MIAMI AVE #601 MIAMI, FL 33133			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 3659 S. Miami Ave Suite 3003 City Miami FL Zip Code 33133		
<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> SIGNATURE: <i>[Signature]</i> DATE: 4/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVERA, MICHAEL A 3661 SOUTH MIAMI AVE #601 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3659 S. Miami Ave Suite 3003 Miami FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employees.</b> SIGNATURE: <i>[Signature]</i> DATE: 4/29/04    Daytime Phone: 305-285-9988					