2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 06, 2005 8:00 am Secretary of State DOCUMENT # P99000007726 05-06-2005 90094 022 ***150.00 FOOT & ANKLE ASSOCIATES, P.A. Principal Place of Business Mailing Address 50049979 3659 SOUTH MIAMI AVE #309 300 3 1688 CORAL WAY MIAMI, FL 33133 MIAMI, FL 33145 No Chg-P CR2E034 (10/03) 04252005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0894484 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIVERA, MICHAEL DR DO NOT WRITE 3654 S MIAMI AVE STE 3003 MIAMI, FL 33133 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME RIVERA, MICHAEL A STREET ADDRESS 3659 S MIAMI AVE STE 3003 CITY-ST-ZIP MIAMI, FL 33133 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-\$T-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE

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 like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED