

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000104004

FILED
Apr 08, 2008
Secretary of State

Entity Name: THE CENTER FOR FOOT AND ANKLE MEDICINE, P.A.

Current Principal Place of Business:

5767 CURRY FORD RD
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

5767 CURRY FORD RD
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 59-3609417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHICO, GEOVANNY DPM
5767 CURRY FORD ROAD
ORLANDO, FL 32822 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: D () Delete
Name: NIEVES, VANESSA DPM
Address: 5767 CURRY FORD ROAD
City-St-Zip: ORLANDO, FL 32822

Title: O () Delete
Name: CHICO, GEOVANNY DPM
Address: 5767 CURRY FORD ROAD
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GEOVANNY CHICO

O

04/08/2008

Electronic Signature of Signing Officer or Director

_____ Date