

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S07532

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** AMBULATORY ANKLE & FOOT CENTER OF FLORIDA, INC.

**Current Principal Place of Business:**

1509 S ORANGE AVE  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 140331  
ORLANDO, FL 32814

**New Mailing Address:**

FEI Number: 59-3035816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RENTON, GREGORY J  
3670 MAGUIRE BOULEVARD  
SUITE 220  
ORLANDO, FL 32803 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MAGUIRE, RAYMER III  
Address: 3670 MAGUIRE BOULEVARD, SUITE 220  
City-St-Zip: ORLANDO, FL 32803

Title: VP  
Name: MOATS, DAVID B  
Address: 3670 MAGUIRE BOULEVARD, SUITE 220  
City-St-Zip: ORLANDO, FL 32803

Title: VP  
Name: MAGUIRE, CRAIG C  
Address: 3670 MAGUIRE BOULEVARD, SUITE 220  
City-St-Zip: ORLANDO, FL 32803

Title: ST  
Name: RENTON, GREGORY J  
Address: 3670 MAGUIRE BOULEVARD, SUITE 220  
City-St-Zip: ORLANDO, FL 32803

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: ANGELA CARR STURM

DON

01/05/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date