2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S23161

FILED Apr 27, 2006 Secretary of State

Entity Name: SOUTHERNMOST FOOT AND ANKLE SPECIALISTS, P.A.

Current Principal Place of Business: New Principal Place of Business:

999 N. KROME AVE HOMESTEAD, FL 33030

Current Mailing Address: New Mailing Address:

999 N. KROME AVE HOMESTEAD, FL 33030

FEI Number: 65-0237108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MURRAY, DONALD J KURZWEIL, HOWARD E ESQ 2000 TOWERSIDE TERR #1807 2600 DOUGLAS RD.

MIAMI, FL 33138 US SUITE 501

CORAL GABLES, FL 33134 US

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: HOWARD E. KURZWEIL 04/27/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OD () Delete Title: OD (X) Change () Addition Name: MAKIMAA, BRADLEY J Name: MAKIMAA, BRADLEY J

Address: 24 JADE DRIVE #10 Address: 2924 STAPLES AVE.
City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040

Title: OD () Delete Title: () Change () Addition

 Name:
 SANDLER, DMITRY
 Name:

 Address:
 2830 FAIRWAYS DRIVE
 Address:

 City-St-Zip:
 HOMESTEAD, FL 33035
 City-St-Zip:

Title: OD () Delete Title: OD (X) Change () Addition

 Name:
 DEROWIN, MICHAEL
 Name:
 DEROUIN, MICHAEL R

 Address:
 3635 SEASIDE DRIVE
 Address:
 3635 SEASIDE DRIVE

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

Title: OD () Delete Title: OD (X) Change () Addition

 Name:
 SIMMONS, MICHAEL C
 Name:
 SIMMONS, MICHAEL C

 Address:
 10421 SW 157 PL #36
 Address:
 9771 SW 92 TERRACE

 City-St-Zip:
 MIAMI, FL 33196
 City-St-Zip:
 MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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: BRADLEY J. MAKIMAA OD 04/27/2006