2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# S23161

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

Current Principal Place of Business:

999 N. KROME AVE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

999 N. KROME AVE
HOMESTEAD, FL 33030

New Mailing Address:

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

Name and Address of Current Registered Agent:

KURZWEIL, HOWARD E ESQ
2600 DOUGLAS RD.
SUITE 501
CORAL GABLES, FL 33134 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: OD ( ) Delete
Name: MAKIMAA, BRADLEY J
Address: 2924 STAPLES AVE.
City-St-Zip: KEY WEST, FL 33040

Title: OD ( ) Delete
Name: SANDLER, DMITRY
Address: 2830 FAIRWAYS DRIVE
City-St-Zip: HOMESTEAD, FL 33035

Title: OD ( ) Delete
Name: DEROUIN, MICHAEL R
Address: 3635 SEASIDE DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: OD ( ) Delete
Name: SIMMONS, MICHAEL C
Address: 9771 SW 92 TERRACE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DMITRY SANDLER OD 03/24/2009

Electronic Signature of Signing Officer or Director — Date