

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S61178

FILED
Aug 17, 2009
Secretary of State

Entity Name: ANKLE & FOOT SPECIALISTS (PODIATRY), P.A.

Current Principal Place of Business:

4415 US HWY 331 S, STE E
DEFUNIAK SPRINGS, FL 32435 US

New Principal Place of Business:

101 MICROSPINE WAY
DEFUNIAK SPRINGS, FL 32435 US

Current Mailing Address:

4415 US HWY 331 S, STE E
DEFUNIAK SPRINGS, FL 32435 US

New Mailing Address:

PO BOX 1262
DEFUNIAK SPRINGS, FL 32435 US

FEI Number: 59-3076020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOWARD, K W DPM
4415 US HWY 331 S, STE E
DEFUNIAK SPRINGS, FL 32435 US

Name and Address of New Registered Agent:

HOWARD, K W DPM
441 S 12TH ST
DEFUNIAK SPRINGS, FL 32435 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: _____

Electronic Signature of Registered Agent

08/17/2009

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOWARD, K W DPM
Address: 4415 US HWY 331 S, STE E
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOWARD, K W DPM
Address: 441 S 12TH ST
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

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: KW HOWARD, DPM

PD

08/17/2009

Electronic Signature of Signing Officer or Director

Date