

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S61541

FILED
Apr 29, 2005
Secretary of State

Entity Name: FOOT AND ANKLE ASSOCIATES OF NORTH NAPLES, P.A.

Current Principal Place of Business:

10621 AIRPORT-PULLING RD NORTH
SUITE 4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

10621 AIRPORT-PULLING RD NORTH
SUITE 4
NAPLES, FL 34109

New Mailing Address:

FEI Number: 65-0271873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLL, JEROME S.
10621 AIRPORT-PULLING RD
SUITE 4
NAPLES, FL 34109 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: DR () Delete
Name: NOLL, JEROME S.,
Address: 10621 ARPRT-PULNG RD NORTH#4
City-St-Zip: NAPLES, FL 34109

Title: DR () Delete
Name: NOLL, MARIA G.,
Address: 10621 ARPRT-PULNG RD NORTH#4
City-St-Zip: NAPLES, FL 34109

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 for the exemption stated in Section 119.07(3)(i), 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: JEROME NOLL, DPM

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date