

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V68075

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: HEALTH PARK FOOT & ANKLE ASSOCIATES, INC.

## Current Principal Place of Business:

1975 OLD MOULTRIE RD.  
ST. AUGUSTINE, FL 32086

## New Principal Place of Business:

## Current Mailing Address:

1975 OLD MOULTRIE RD.  
ST. AUGUSTINE, FL 32086

## New Mailing Address:

FEI Number: 59-3147948

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILITELLO, JAMES S.  
120 HEALTH PARK BLVD.  
SUITE 3  
ST. AUGUSTINE, FL 32086 US

## Name and Address of New Registered Agent:

MALLARD III, EDWARD W  
1975 OLD MOULTRIE RD.  
ST. AUGUSTINE, FL 32086 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: EDWARD W. MALLARD III

01/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MILITELLO, JAMES S.,  
Address: 260 REDFISH CREEK DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: DVT ( ) Delete  
Name: CONCHA, JOSE  
Address: 5540 SUNSET LANDING CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: DS (X) Delete  
Name: JOHNSON, RICHARD  
Address: 5184 OSCEOLA AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MALLARD III, EDWARD W  
Address: 1975 OLD MOULTRIE RD.  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VTS (X) Change ( ) Addition  
Name: MALLARD, LESLIE P  
Address: 1975 OLD MOULTRIE RD.  
City-St-Zip: SAINT AUGUSTINE, FL 32086

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: EDWARD W. MALLARD III

P

01/07/2008

Electronic Signature of Signing Officer or Director

Date