2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V68075

FILED Apr 20, 2009 Secretary of State

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

Current Pri	ncipal Place o	of Business:	New Principal Place	New Principal Place of Business:	
	OULTRIE RD. TINE, FL 3208				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	OULTRIE RD. TINE, FL 3208				
FEI Number: 5	9-3147948	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:					
1975 OLD M ST. AUGUS The above n		36 US	urpose of changing its registered	d office or registered agent, or both,	
in the State o					
SIGNATURE		Signature of Registered Age	nt	 Date	
Election Camp		Frust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Name: Address:	P () C MALLARD III, ED' 1975 OLD MOUL' SAINT AUGUSTIN	TRIE RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address:	VTS () C MALLARD, LESLI 1975 OLD MOUL' SAINT AUGUSTIN	TRIE RD.	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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 04/20/2009