

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# V68075

**FILED**  
**Nov 17, 2010**  
**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:**

1892 BELLAIR BLVD  
ATTN: ED MALLARD III  
ORANGE PARK, FL 32073

**Current Mailing Address:**

1975 OLD MOULTRIE RD.  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

1892 BELLAIR BLVD  
ATTN: ED MALLARD III  
ORANGE PARK, FL 32073

**FEI Number:** 59-3147948

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

MALLARD III, EDWARD W III  
1892 BELLAIR BLVD  
ORANGE PARK, FL 32073 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

11/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MALLARD III, EDWARD W III  
Address: 1892 BELLAIR BLVD  
City-St-Zip: ORANGE PARK, FL 32073

Title: VTS  
Name: MALLARD, LESLIE P  
Address: 1892 BELLAIR BLVD  
City-St-Zip: ORANGE PARK, FL 32073

I hereby 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 all other like empowered.

SIGNATURE: EDWARD W. MALLARD III

P

11/17/2010

Electronic Signature of Signing Officer or Director

Date