

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H09835

**Entity Name:** ANKLE & FOOT CENTER OF TAMPA BAY, INC.

**Current Principal Place of Business:**

2835 WEST DELEON STREET  
SUITE 101  
TAMPA, FL 33609

**Current Mailing Address:**

2835 WEST DELEON STREET  
SUITE 101  
TAMPA, FL 33609 US

**FEI Number:** 59-2419452

**Certificate of Status Desired:** No

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

LABOHN, SCOTT M  
38105 13TH AVENUE  
ZEPHYRHILLS, FL 33541 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CEO, MEMBER BOARD OF DIRECTORS  
Name HELFMAN, DAVID N. DPM  
Address PO BOX 108  
City-State-Zip: DALLAS GA 30132

Title CHIEF MEDICAL OFFICER, MEMBER BOARD OF DIRECTORS  
Name HILSEN, MITCHELL P. DPM  
Address PO BOX 108  
City-State-Zip: DALLAS GA 30132

Title CFO  
Name GAYTHWAITE, ELLEN  
Address PO BOX 108  
City-State-Zip: DALLAS GA 30132

Title MEMBER, BOARD OF DIRECTORS  
Name ELLEBY, DOUGLAS H. DPM  
Address PO BOX 108  
City-State-Zip: DALLAS GA 30132

Title MEMBER, BOARD OF DIRECTORS  
Name WEISKOPF, STEVEN A. DPM  
Address 1198 BUCKHEAD CROSSING STE. D  
City-State-Zip: WOODSTOCK GA 30189

Title MEMBER, BOARD OF DIRECTORS  
Name ARONOFF, RICHARD C. DPM  
Address 500 MEDICAL CENTER BLVD. STE. 100  
City-State-Zip: LAWRENCEVILLE GA 30046

Title MEMBER, BOARD OF DIRECTORS  
Name CUTSURIAS, ANTHONY M. DPM  
Address 500 MEDICAL CENTER BLVD. STE. 100  
City-State-Zip: LAWRENCEVILLE GA 30046

Title MEMBER, BOARD OF DIRECTORS  
Name BURLESON, EUGENE  
Address 320 ARGONNE DR.  
City-State-Zip: ATLANTA GA 30305

*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:** DAVID N. HELFMAN

CEO

03/14/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date