

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H09835

Entity Name: ANKLE & FOOT CENTER OF TAMPA BAY, P.A.**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:** Yes**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 D
Name CREIGHTON, ROBERT DPM
Address 5750 5TH AVENUE NORTH
City-State-Zip: SAINT PETERSBURG FL 33710

Title DIRECTOR
Name BLUSTEIN, STEVEN
Address 2835 WEST DELEON STREET
SUITE 101
City-State-Zip: TAMPA FL 33609

Title D
Name JUAN, RIVERA DPM
Address 2835 WEST DELEON STREET
SUITE 101
City-State-Zip: TAMPA FL 33609

Title D
Name AUGER, FEDERICO A
Address 2835 WEST DELEON STREET
SUITE 101
City-State-Zip: TAMPA FL 33609

Title D
Name FLEETER, MICHAEL DPM
Address 7243 HIGHWAY 301 SOUTH
City-State-Zip: RIVERVIEW FL 33569

Title DP
Name LABOHN, SCOTT M
Address 38105 13 AVENUE
City-State-Zip: ZEPHYRHILLS FL 33541

Title DT
Name FRIEDMAN, KENNETH
Address 13907 NORTH DALE MABRY HWY.,
STE 103
City-State-Zip: TAMPA FL 33618

Title D
Name FESSETTE, STACIE Q
Address 2835 WEST DELEON STREET
SUITE 101
City-State-Zip: TAMPA FL 33609

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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: SCOTT LABOHN

DIRECTOR, PRESIDENT

04/10/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, SECRETARY
Name GAGLIARDI, GABRIELLE
Address 2835 WEST DELEON STREET
SUITE 101
City-State-Zip: TAMPA FL 33609

Title DIRECTOR
Name BEVERLY, MARQUISSA
Address 2835 WEST DELEON STREET
SUITE 101
City-State-Zip: TAMPA FL 33609

Title DIRECTOR
Name HADAM, RONALD
Address 2835 WEST DELEON STREET
SUITE 101
City-State-Zip: TAMPA FL 33609

Title D
Name MILLER, CHARLES M
Address 2835 WEST DELEON STREET
SUITE 101
City-State-Zip: TAMPA FL 33609

Title DIRECTOR
Name HADDON, VAL
Address 2835 WEST DELEON STREET
SUITE 101
City-State-Zip: TAMPA FL 33609