

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H67492

Entity Name: ORLANDO FOOT & ANKLE CLINIC, INC.

Current Principal Place of Business:

3670 MAGUIRE BOULEVARD
SUITE 220
ORLANDO, FL 32803

Current Mailing Address:

3670 MAGUIRE BOULEVARD
SUITE 220
ORLANDO, FL 32803 US

FEI Number: 59-2580012

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RENTON, GREGORY J
3670 MAGUIRE BOULEVARD
SUITE 220
ORLANDO, FL 32803 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 VP
Name MOATS, DAVID B
Address 3670 MAGUIRE BLVD., SUITE 220
City-State-Zip: ORLANDO FL 30803

Title P
Name MAGUIRE, RAYMER FIII
Address 605 E. ROBINSON STREET, SUITE 140
City-State-Zip: ORLANDO FL 32801

Title VP
Name MAGUIRE, CRAIG C
Address 3670 MAGUIRE BLVD., SUITE 220
City-State-Zip: ORLANDO FL 32803

Title ST
Name RENTON, GREGORY J
Address 3670 MAGUIRE BLVD., SUITE 220
City-State-Zip: ORLANDO FL 32803

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: GREGORY J. RENTON

SECRETARY/TREASURER 01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date