

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H67492

Entity Name: ORLANDO FOOT & ANKLE CLINIC, INC.**Current Principal Place of Business:**3165 MCCRORY PLACE
SUITE 174
ORLANDO, FL 32803**Current Mailing Address:**3165 MCCRORY PLACE
SUITE 174
ORLANDO, FL 32803 US**FEI Number:** 59-2580012**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NEAL, BECKY J
3165 MCCRORY PLACE
SUITE 174
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:** BECKY J NEAL

01/06/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	MOATS, DAVID B
Address	3165 MCCRORY PLACE SUITE 174
City-State-Zip:	ORLANDO FL 32803
Title	ST
Name	NEAL, BECKY J
Address	3165 MCCRORY PLACE SUITE 174 SUITE 174
City-State-Zip:	ORLANDO FL 32803

Title	PRESIDENT
Name	CHILDS, DOUGLAS M
Address	3165 MCCRORY PLACE SUITE 174
City-State-Zip:	ORLANDO FL 32803
Title	VP
Name	SHANE, AMBER
Address	3165 MCCRORY PLACE SUITE 174
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: BECKY NEAL**DIRECTOR OF
OPERATIONS**

01/06/2021

Electronic Signature of Signing Officer/Director Detail

Date