

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000072503

Entity Name: FOOT AND ANKLE PHYSICIANS, P.A.

Current Principal Place of Business:

2350 SUNSET POINT ROAD
SUITE A
CLEARWATER, FL 33765

Current Mailing Address:

2350 SUNSET POINT ROAD
SUITE A
CLEARWATER, FL 33765

FEI Number: 59-3733310

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOKOR, BRUCE SESQ.
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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: BRUCE BOKOR

09/16/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DR
Name GOODMAN, GARY R DPM
Address 2350 SUNSET POINT RD., SUITE A
City-State-Zip: CLEARWATER FL 33765

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: GARY GOODMAN

PRESIDENT

09/16/2016

Electronic Signature of Signing Officer/Director Detail

Date