

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000022367

**Entity Name:** AMERICAN FOOT & ANKLE CLINIC OF TAMPA BAY INC.

**Current Principal Place of Business:**

2621 WINDGUARD CIRCLE  
SUITE 102  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

2621 WINDGUARD CIRCLE  
SUITE 102  
WESLEY CHAPEL, FL 33544 US

**FEI Number:** 27-5271167

**Certificate of Status Desired:** No

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

DONATE, GUILLERMO A  
2621 WINDGUARD CIRCLE  
SUITE 102  
WESLEY CHAPEL, FL 33544 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 P  
Name DONATE, GUILLERMO A  
Address 2621 WINDGUARD CIRCLE  
SUITE 102  
City-State-Zip: WESLEY CHAPEL FL 33544

*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:** GUILLERMO DONATE

**PRESIDENT**

**02/12/2020**

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

\_\_\_\_\_  
Date