

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000034294

**Entity Name:** FLORIDA FOOT & ANKLE GROUP, P.A.**Current Principal Place of Business:**925 WILLISTON PARK POINT  
STE 1009  
LAKE MARY, FL 32746-2114**Current Mailing Address:**925 WILLISTON PARK POINT  
STE 1009  
LAKE MARY, FL 32746-2114 US**FEI Number:** 59-3183245**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROTH III, WALTER E DR.  
925 WILLISTON PARK POINT  
STE 1009  
LAKE MARY, FL 32746-2114 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:** WALTER E. ROTH III

01/27/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER, DIRECTOR
Name	ROTH III, WALTER E DR.
Address	925 WILLISTON PARK POINT STE 1009
City-State-Zip:	LAKE MARY FL 32746-2114

Title	VP, DIRECTOR
Name	WATSON, CINDY M DR.
Address	925 WILLISTON PARK POINT STE 1009
City-State-Zip:	LAKE MARY FL 32746-2114

Title	PRESIDENT, DIRECTOR
Name	ALAISH, LISA N DR.
Address	5211 CURRY FORD RD, STE B
City-State-Zip:	ORLANDO FL 32812

Title	DIRECTOR
Name	CHESSMAN, GARY W DR.
Address	7560 RED BUG LAKE ROAD SUITE 2024
City-State-Zip:	OVIEDO FL 32765

*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:** WALTER E ROTH III

TREASURER

01/27/2024

Electronic Signature of Signing Officer/Director Detail

Date