

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -3 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N28929** (0)

1. Corporation Name

FLORIDA DIVISION OF THE AMERICAN COLLEGE OF FOOT
SURGEONS, INC.

Principal Place of Business

Mailing Address

C/O AVRIEL B. COHEN, DPM
2299 N. UNIVERSITY DR.
PEMBROKE PINES FL 33024

C/O AVRIEL B. COHEN, DPM
2299 N. UNIVERSITY DR.
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/19/1988** 3a. Date of Last Report **03/16/1994**

4. FEI Number **31-1254015** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~COHEN, AVRIEL B.
2299 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024~~

81 Name **DEMNER, MICHAEL G.**
82 Street Address (P.O. Box Number is Not Acceptable) **3251 McMULLEN BOOTH RD STE 202**
83
84 City **CLEARWATER** FL 85 Zip Code **34621-2022**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Michael G. Demner

2/17/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	LISS, JEFFREY
NAME	211 SE 12TH AVE.
STREET ADDRESS	FT. LAUDERDALE FL
CITY-ST-ZIP	S
TITLE	BERENS, THOMAS A.
NAME	3909 NEWBERRY RD, STE F
STREET ADDRESS	GAINESVILLE FL
CITY-ST-ZIP	D
TITLE	COHEN, AVRIEL
NAME	2299 N. UNIVERSITY DR.
STREET ADDRESS	PEMBROKE PINES FL
CITY-ST-ZIP	D
TITLE	SEMER, LARRY
NAME	223 E HALLANDALE BCH BLV
STREET ADDRESS	HALLANDALE FL
CITY-ST-ZIP	BE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DEMNER, MICHAEL
13 STREET ADDRESS	3251 McMULLEN BOOTH RD
14 CITY-ST-ZIP	CLEARWATER, FL 34621-2022
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	STEVIN, RICHARD
23 STREET ADDRESS	2601 SOUTH MILITARY TRAIL #36
24 CITY-ST-ZIP	WEST PALM BEACH, FL 33415
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

Michael G. Demner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/95 813.799.3338