

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1996**



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

**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

3. Date Incorporated or Qualified <b>10/19/1988</b>	3a. Date of Last Report <b>03/03/1995</b>
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21. Principal Place of Business C/O Thomas A Berens DPM Suite, Apt. #, etc. <b>915 NW 56 TERR</b> City & State <b>GAINESVILLE FL</b> Zip <b>32605</b>	25. Country <b>USA</b>	26. Mailing Address C/O Thomas A. Berens DPM Suite, Apt. #, etc. <b>915 NW 56 TERR</b> City & State <b>GAINESVILLE FL</b> Zip <b>32605</b>	30. Country <b>U.S.A.</b>
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4. FEI Number <b>31-1254015</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DEMNER, MICHAEL G**  
**3251 MCMULLEN BOOTH ROAD**  
**SUITE 202**  
**CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>DEMNER, MICHAEL</b>	
STREET ADDRESS	<b>3251 MCMULLEN BOOTH ROAD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BERENS, THOMAS A.</b>	
STREET ADDRESS	<b>3909 NEWBERRY RD, STE F</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVIN, RICHARD</b>	
STREET ADDRESS	<b>2601 SOUTH MILITARY TRAIL #36</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SEMER, LARRY</b>	
STREET ADDRESS	<b>223 E HALLANDALE BCH BLV</b>	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>PO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, that 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 if changed, or on an attachment with an address.

SIGNATURE: THOMAS A. BERENS 7/29/96 352-331-4333  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)