

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

Amended

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

3. Date Incorporated or Qualified **10/19/1988** 3a. Date of Last Report **03/03/1995**

2. Principal Place of Business 2a. Mailing Address
21 **90 RICHARD LEVIN, DPM** 26 **2601 SOUTH MILITARY TRAIL**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **H 36** 27
City & State City & State
23 **WEST PALM BEACH**
Zip Country Zip Country
24 25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95
TITLE	TD	1.1 TITLE <input type="checkbox"/> DELETE
NAME	DEMNER, MICHAEL	1.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3251 MCMULLEN BOOTH ROAD	1.3 STREET ADDRESS
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP
TITLE	S	2.1 TITLE <input type="checkbox"/> DELETE
NAME	BERENS, THOMAS A.	2.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3909 NEWBERRY RD, STE F	2.3 STREET ADDRESS
CITY - ST - ZIP	GAINESVILLE FL	2.4 CITY - ST - ZIP
TITLE	SD	3.1 TITLE <input type="checkbox"/> DELETE
NAME	LEVIN, RICHARD	3.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2801 SOUTH MILITARY TRAIL #36	3.3 STREET ADDRESS
CITY - ST - ZIP	WEST PALM BEACH FL	3.4 CITY - ST - ZIP
TITLE	D	4.1 TITLE <input checked="" type="checkbox"/> DELETE
NAME	SEMER, LARRY	4.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	223 E HALLANDALE BCH BLV	4.3 STREET ADDRESS
CITY - ST - ZIP	HALLANDALE FL	4.4 CITY - ST - ZIP
TITLE		5.1 TITLE <input type="checkbox"/> DELETE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY - ST - ZIP		5.4 CITY - ST - ZIP
TITLE		6.1 TITLE <input type="checkbox"/> DELETE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - ZIP

DEMNER, MICHAEL
3251 MCMULLEN BOOTH RD
CLEARWATER, FL 34621

BERENS, THOMAS
3909 NEWBERRY RD
GAINESVILLE, FL

LEVIN, RICHARD
2601 S. MILITARY TRAIL #36
WEST PALM BEACH, FL

DEMNER, MICHAEL
3890 TAMPA RD suite 201
PALM HARBOR, FL 34684

200001928882 Change Addition
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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, or 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 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: *Michael Demner* Date: **2-26-96** Daytime Phone #: **813 799 3338**

CR2E037 (12/95)