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Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 RICHARD LEVIN, DPM  
2601 S. MILITARY TR. #36  
W. PALM BCH. FL  
US

C/O RICHARD LEVIN, DPM  
2601 S. MILITARY TR. #36  
W. PALM BCH. FL 33415-7513  
US

3. Date Incorporated or Qualified  
10/19/1988

3a. Date of Last Report  
08/02/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

31-1254015

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME DEMNER, MICHAEL  
STREET ADDRESS 3251 MCMULLEN BOOTH ROAD  
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE DV  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DP  DELETE  
NAME BERENS, THOMAS A.  
STREET ADDRESS 3909 NEWBERRY RD.  
CITY-ST-ZIP GAINESVILLE FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME LEVIN, RICHARD  
STREET ADDRESS 2601 SOUTH MILITARY TRAIL #36  
CITY-ST-ZIP WEST PALM BEACH FL

3.1 TITLE DT  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME DEMNER, MICHAEL  
STREET ADDRESS 3890 TAMPA RD. STE. 301  
CITY-ST-ZIP PALM HARBOR FL 34684

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE DS  Change  Addition  
5.2 NAME JEROME NOLL, DPM  
5.3 STREET ADDRESS 10621 Airport ROAD, N, #4  
5.4 CITY-ST-ZIP Naples, FL 34109

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* Richard Levin, DPM 1/20/97 561 641-7864  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041313

CR2E037 (9/96)