

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90022 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N28929

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
 US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/19/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 31-1254015

Applied For
 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

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 **NOLL, JEROME**
 82 Street Address (P.O. Box Number is Not Acceptable)
10621 AIRPORT RD, NORTH #4
 83
 84 City **NAPLES** FL 85 Zip Code **34109**

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

Jerome Noll

7/19/99

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	DV	<input type="checkbox"/> DELETE
NAME	DEMNER, MICHAEL	
STREET ADDRESS	3251 MCMULLEN BOOTH ROAD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BERENS, THOMAS A.	
STREET ADDRESS	3909 NEWBERRY RD.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LEVIN, RICHARD	
STREET ADDRESS	2601 SOUTH MILITARY TRAIL #36	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	NOLL, JEROME	
STREET ADDRESS	10621 AIRPORT ROAD, NORTH #4	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SEGALL, JR., ARTHUR	
5.3 STREET ADDRESS	350 N. PINE ISLAND RD.	
5.4 CITY-ST-ZIP	PLANTATION, FL. 33324	
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 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, with all other like empowered.

SIGNATURE:

Jerome Noll
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/99 (941) 592-0700
 Date Daytime Phone #

CR2E037 (5/99)