

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

0650776

DOCUMENT # N28929

03-08-2001 90107 009 ****70.00

1. Entity Name
FLORIDA DIVISION OF THE AMERICAN COLLEGE OF FOOT SURGEONS, INC.

| | |
|--|--|
| Principal Place of Business C/O RICHARD LEVIN, DPM 2601 S. MILITARY TR. #36 W. PALM BCH. FL US | Mailing Address C/O RICHARD LEVIN, DPM 2601 S. MILITARY TR. #36 W. PALM BCH. FL US |
|--|--|

A0029939



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |

| | |
|------------------------------------|---|
| 4. FEI Number 31-1254015 | Applied For <input type="checkbox"/> |
| | Not Applicable <input checked="" type="checkbox"/> |

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent
NOLL, JEROME
10621 AIRPORT RD
NORTH #4
NAPLES FL 34109

7. Name and Address of New Registered Agent
 Name **TOM MERRILL, DPM**
 Street Address (P.O. Box Number is Not Acceptable)
BARRY UNIVERSITY USGMS
11300 NE 2ND AVE
 City **MIAMI SHORES FL** Zip Code **33161**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Jerome S Noll DPM* DATE 3/2/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DEMNER, MICHAEL 3251 MCMULLEN BOOTH ROAD CLEARWATER FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV LEVIN, RICHARD 2601 SOUTH MILITARY TRAIL #36 WEST-PALM BEACH FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT NOLL, JEROME 10621 AIRPORT ROAD, NORTH #4 NAPLES FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS SEGALL, JR, ARTHUR 350 N PINE ISLAND RD PLANTATION FL 33324 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP LEVIN, RICHARD 2601 SOUTH MILITARY TRAIL #36 WEST PALM BEACH, FL 33415 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV NOLL, JEROME 10621 AIRPORT RD N. #4 NAPLES, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT MERRILL, THOMAS 11300 NE 2ND AVE MIAMI SHORES, FL 33161 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS BALDINGER, PHELLIP 1800 CORTEZ RD W. BRADENTON, FL 34207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jerome S Noll DPM* DATE 3/2/01 (941) 592-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/00)