

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90116 017 ****61.25

DOCUMENT # N28929

1. Entity 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
 USA

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O DR. TOM MERRILL
BARRY UNIV. SGMS
11300 NE 2ND AVE

C/O DR. TOM MERRILL
BARRY UNIV. SGMS
11300 NE 2ND AVE

City & State

City & State

MIAMI SHORES, FL

MIAMI SHORES, FL

4. FEI Number

31-1254015

Applied For

Not Applicable

Zip

Country

Zip

Country

33161

US

33161

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERRILL, TOM
BARRY UNIVERSITY SGMS
11300 NE 2ND AVE
MIAMI FL 33161

Name

MERRILL, TOM

Street Address (P.O. Box Number is Not Acceptable)

City

MIAMI SHORES

FL

Zip Code

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

Tom Merrill

2/1/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DP LEVIN, RICHARD**
 STREET ADDRESS **2601 S MILITARY TRAIL 36**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV NOLL, JEROME**
 STREET ADDRESS **10621 AIRPORT ROAD N 4**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT MERRILL, THOMAS**
 STREET ADDRESS **11300 NE 2ND AVE**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS BALDINGER, PHILLIP**
 STREET ADDRESS **1800 CORTEZ ROAD WEST**
 CITY-ST-ZIP **BRADENTON FL 34207**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Tom Merrill* (REQUIRED)

2/1/02 (305) 899-3243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)