


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N28929
1. Entity Name
FLORIDA DIVISION OF THE AMERICAN COLLEGE OF FOOT SURGEONS, INC.



Principal Place of Business
C/O DR. TOM MERRILL
11300 NE 2ND AVE
MIAMI, FL 33161 US

Mailing Address
C/O DR. TOM MERRILL
11300 NE 2ND AVE
MIAMI, FL 33161 US

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02052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
31-1254015 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MERRILL, TOM F
BARRY UNIVERSITY SGMS
11300 NE 2ND AVE
MIAMI, FL 33161

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEVIN, RICHARD 2601 S MILITARY TRAIL 36 WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NOLL, JEROME 10621 AIRPORT ROAD N 4 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MERRILL, THOMAS 11300 NE 2ND AVE MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BALDINGER, PHILLIP 1800 CORTEZ ROAD WEST BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/16/04-80023-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Phillip Baldinger* 2/9/04 941-758-8818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #