
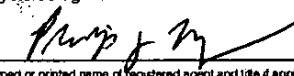
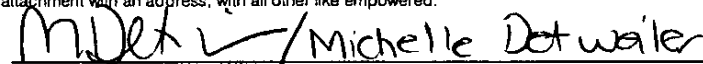


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90006 027 \*\*\*\*61.25

<b>DOCUMENT # N28929</b>			
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	
2. Principal Place of Business C/O Dr. Phillip Baldinger Suite, Apt. #, etc. 1800 Cortez Road West		3. Mailing Address C/O Dr. Phillip Baldinger Suite, Apt. #, etc. 1800 Cortez Road West	
City & State Bradenton, FL		City & State Bradenton, FL	
Zip 34207	Country USA	Zip 34207	Country USA
4. FEI Number 31-1254015		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name: Baldinger, Phillip Street Address (P.O. Box Number is Not Acceptable): 1800 Cortez Road West City: Bradenton FL Zip Code: 34207	
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: 		DATE: 2/3/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MERRILL, TOM F 11300 NE 2ND AVE MIAMI, FL 33161 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Baldinger, Phillip 1800 Cortez Road West Bradenton, FL 34207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BALDINGER, PHILLIP 1800 CORTEZ ROAD WEST BRADENTON, FL 34207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Michale Detweiler 4302 Alton Road, Suite 640 Miami Beach, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DOTWEILER, MICHELLE 4302 ALTOS ROAD, SUITE 640 MIAMI BEACH, FL 33149 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DF Buchman, Jacqueline 1195 NW 95th Street Miami, FL 33150 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DOTWEILER, MICHALE 4302 ALTON ROAD, SUITE 640 MIAMI BEACH, FL 33149 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Buchman, Jacqueline 1195 NW 95th Street Miami, FL 33150 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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: 		Date: 1/30/06 (305) 8730033	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	