


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90023 010 ****61.25

DOCUMENT # N28929

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



Principal Place of Business
 C/O PHILIP BALDINGER
 1800 CORTEZ ROAD WEST
 BRADENTON, FL 34207 US

Mailing Address
 C/O PHILIP BALDINGER
 1800 CORTEZ ROAD WEST
 BRADENTON, FL 34207 US

2. Principal Place of Business - No P.O. Box #
 c/o Michelle Detweiler
 Suite, Apt. #, etc.
 4302 Alton Rd. Ste. 640

3. Mailing Address
 c/o Michelle Detweiler
 Suite, Apt. #, etc.
 4302 Alton Rd. Ste. 640


City & State
 Miami Beach FL

City & State
 Miami Beach FL

Zip Country
 33140 Miami-Dade

Zip Country
 33140 Miami-Dade

40065511



03252008 Chg-NP CR2E037 (12/06)

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

BALDINGER, PHILLIP
 1800 CORTEZ RD. WEST
 BRADENTON, FL 34207

7. Name and Address of New Registered Agent

Name
 Detweiler, Michelle

Street Address (P.O. Box Number is Not Acceptable)
 4302 Alton Road Ste. 640

City
 Miami Beach FL

Zip Code
 33140

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 M Detweiler DATE 4/11/08

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$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 BALDINGER, PHILLIP 1800 CORTEZ ROAD WEST BRADENTON, FL 34207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Detweiler, Michelle 4302 Alton Road Ste. 640 Miami Beach FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DETWEILER, MICHALE 4302 ALTON RD. STE. 640 MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Buchman, Jacqueline 1190 NW 95 St. Ste. 102 Miami FL 33150 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BUCHMAN, JACQUELINE 1195 NW 95TH ST. MIAMI, FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Harris, John 655 W 8th Street Acc Bldg - Dept. Ortho Jacksonville FL 32209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: M Detweiler DATE 4/11/08 DAYTIME PHONE # 3056730033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #