

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28929

FILED  
Feb 16, 2010  
Secretary of State

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

**Current Principal Place of Business:**

C/O MICHELLE DETWEILER  
4302 ALTON RD STE 640  
MIAMI BEACH, FL 33140 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MICHELLE DETWEILER  
4302 ALTON RD STE 640  
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

**FEI Number:** 31-1254015      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEWEILER, MICHELLE  
4302 ALTON RD STE 640  
MIAMI BEACH, FL 33140 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: DETWEILER, MICHELLE  
Address: 4302 ALTON RD STE 640  
City-St-Zip: MIAMI BEACH, FL 33140

Title: DV  
Name: BUCHMAN, JACQUELINE  
Address: 1190 NW 95 ST STE 102  
City-St-Zip: MIAMI, FL 33150

Title: DT  
Name: HARRIS, JOHN  
Address: 431 WEST 8TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: DS  
Name: HARRIS, JOHN  
Address: 431 WEST 8TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN HARRIS DPM

DR

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date