2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28929



FILED Feb 07, 2003 8:00 am | Secretary of State

FLORIDA DIVISION OF THE AMERICAN COLLEGE OF FOOT SURGEONS, INC.							02-07-2003 90055 018 ****61.25			
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			1 (88)(2)(8)		OLI SI	818 11 818 12 18 8 1	
2. Principal	Place of Busine	ss	3. Mailing Address							
Suite, Apt. #, etc. City & State			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
			City & State		7.	4. FEI Number 31-1254015			Applied For Not Applicable	
Zip	Country		Zip Co		untry			┌ \$8.75	3.75 Additional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
******					Name			<u>-</u> -	·. ·	1
BARRY (., tom f University s	GMS §			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL	E 2ND AVE									
					City			FL Zip C	ode	1
8. The above the obliga	e named entity s	submits this statement for ed agent.	r the purpose of changin	g its register	ed office or regis	tered agent, or both,	in the State of Flori	da. I am familiar wit	h, and accept	1
**********						***		-		
SIGNATURE		printed name of registered agent	1		<u></u>	<u></u>				
*			and the frappicable.	(NOTE: Hegistere	d Agent signature requi	red when reinstating)		DATE		
971	FILE NOW:	FEE IS \$61.25		Campaign F nd Contributi		\$5.00 May Be Added to Fees		Check Payabl Department of		
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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)(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:

(941)758-8818