

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000067143 (6)

1. Corporation Name

AFFILIATED FOOT & ANKLE PROVIDERS, INC.



Principal Place of Business

**232 BULLARD PARKWAY
TEMPLE TERRACE FL 33617**

Mailing Address

**232 BULLARD PARKWAY
TEMPLE TERRACE FL 33617**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

3. Date Incorporated or Qualified
09/27/1993

3a. Date of Last Report
03/24/1995

4. FLE Number
59-3203352

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANEY, R R
101 E KENNEDY BLVD
SUITE 4100
TAMPA FL 33602**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Director or other person authorized to sign this statement

Signature of Registered Agent or other person authorized to sign

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D SHAMA, STANLEY S**
STREET ADDRESS **232 BULLARD PKWY**
CITY-STATE-ZIP **TEMPLE TERRACE FL 33617**

TITLE DELETE

NAME **D DEMNER, MICHAEL G**
STREET ADDRESS **3251 MCMULLEN BOOTH RD**
CITY-STATE-ZIP **CLEARWATER FL 34621**

TITLE DELETE

NAME **D VALINS, ROBERT J**
STREET ADDRESS **6336 FT KING RD**
CITY-STATE-ZIP **ZEPHYRHILLS FL**

TITLE DELETE

NAME **D GIRLING, MARTIN T**
STREET ADDRESS **1408 W REYNOLDS ST SUITE C**
CITY-STATE-ZIP **PLANT CITY FL 33566**

TITLE DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. VALINS DPM

DATE: **2-21-96** DAYTIME PHONE: **813-788-3600**

CR2E034 (12/95)