

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1993

4. FEI 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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.1508, 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 and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and officer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D President ☐ DELETE

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

TITLE D Vice President ☐ DELETE

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

TITLE D Treasurer ☐ DELETE

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

TITLE D Secretary ☐ DELETE

NAME GIRLING, MARTIN T  
STREET ADDRESS 1408 W REYNOLDS ST SUITE C  
CITY-ST-ZIP PLANT CITY FL 33588

TITLE Director ☐ DELETE

NAME Blass, Barry  
STREET ADDRESS 1080 W. Hillsborough Ave  
CITY-ST-ZIP Tampa, FL 33603

TITLE Director ☐ DELETE

NAME Baker, Steven  
STREET ADDRESS 2511 W. Buffalo Ave.  
CITY-ST-ZIP Tampa, FL 33607

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information submitted 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 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 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 changed, or as an attachment with an address.

SIGNATURE:

1/22/98 913-945-2811

CR2E034 (10/97)