

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**  
 05-10-2000 90074 011 \*\*\*150.00

**DOCUMENT #. P93000067143**

1. Entity Name

**AFFILIATED FOOT & ANKLE PROVIDERS, INC.**

Principal Place of Business

Mailing Address

**232 BULLARD PARKWAY  
 TEMPLE TERRACE FL 33617**

**232 BULLARD PARKWAY  
 TEMPLE TERRACE FL 33617-5512**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3203352**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | DP                         | <input type="checkbox"/> Delete |
| NAME           | SHAMA, STANLEY S           |                                 |
| STREET ADDRESS | 232 BULLARD PKWY           |                                 |
| CITY-ST-ZIP    | TEMPLE TERRACE FL 33617    |                                 |
| TITLE          | DVP                        | <input type="checkbox"/> Delete |
| NAME           | DEMNER, MICHAEL G          |                                 |
| STREET ADDRESS | 3251 MCMULLEN BOOTH RD     |                                 |
| CITY-ST-ZIP    | CLEARWATER FL 34621        |                                 |
| TITLE          | DT                         | <input type="checkbox"/> Delete |
| NAME           | VALINS, ROBERT J           |                                 |
| STREET ADDRESS | 6336 FT KING RD            |                                 |
| CITY-ST-ZIP    | ZEPHYRHILLS FL             |                                 |
| TITLE          | DS                         | <input type="checkbox"/> Delete |
| NAME           | GIRLING, MARTIN T          |                                 |
| STREET ADDRESS | 1408 W REYNOLDS ST SUITE C |                                 |
| CITY-ST-ZIP    | PLANT CITY FL 33566        |                                 |
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | BLASS, BARRY               |                                 |
| STREET ADDRESS | 1020 W HILLSBOROUGH AVE    |                                 |
| CITY-ST-ZIP    | TAMPA FL 33603             |                                 |
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | BAKER, STEVEN              |                                 |
| STREET ADDRESS | 2511 W BUFFALO AVE         |                                 |
| CITY-ST-ZIP    | TAMPA FL 33607             |                                 |

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          | <b>only</b>                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          | <b>DS</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                             |  |
| STREET ADDRESS | <b>210 N. Alexander St.</b> |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/15/00**

**813-9465-284**