

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28929

FILED
Jan 15, 2014
Secretary of State
CC0297099796

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

Current Principal Place of Business:

C/O ANDRE WILLIAMS
352 MILUS STREET
PUNTA GORDA, FL 33950

Current Mailing Address:

C/O ANDRE WILLIAMS
352 MILUS STREET
PUNTA GORD, FL 33950 US

FEI Number: 31-1254015

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, ANDRE M
C/O ANDRE WILLIAMS
352 MILUS STREET
PUNTA GORDA, FL 33950 US

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: ANDRE WILLIAMS

01/15/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DV
Name BALKARAN, JOANNE
Address 4820 HIGHWAY 19A
City-State-Zip: MT DORA FL 32757

Title DS
Name BALKARAN, JOANNE N
Address 4820 HIGHWAY 19A
City-State-Zip: MT DORA FL 32757

Title DIRECTOR
Name WILLIAMS, ANDRE DR.
Address 352MILUS STREET
City-State-Zip: PUNTA GORDA FL 33950

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: ANDRE WILLIAMS

DIRECTOR

01/15/2014

Electronic Signature of Signing Officer/Director Detail

Date