


**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90070 002 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 532006**

1. Corporation Name

**SOUTHWEST FLORIDA ANKLE & FOOT CARE SPECIALISTS,**  
**P.A.**

Principal Place of Business  
 9371-14 CYPRESS LAKE DR.  
 FT. MYERS FL 33919

Mailing Address  
 9371-14 CYPRESS LAKE DR.  
 FT. MYERS FL 33919

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City &amp; State

27 City &amp; State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**HILDERBRAND, L. R.**  
**9371-14 CYPRESS LAKE DRIVE**  
**FT. MYERS FL 33919**

3. Date Incorporated or Qualified

04/12/1977

4. FEI Number

31-0792174

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 Fees8. This corporation owes the current year Intangible  
Personal Property Tax.☐ Yes ☐ No

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

**P**  
**HILDERBRAND, L. R.**  
**9371-14 CYPRESS LAKE DR.**  
**FT. MYERS FL**

1.2 NAME ☐ DELETE

**ST**  
**HILDERBRAND, L.R. DPM**  
**9371-14 CYPRESS LAKE DR.**  
**FT. MYERS FL**

1.3 STREET ADDRESS ☐ DELETE

1.4 CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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14. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L.R. HILDERBRAND

3-22-99

Date

(941) 481-7000

Daytime Phone #

CR2E034 (1/98)