

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 JUL 25 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

F39553

1. Corporation Name

Ambulatory Ankle and Foot Care Center, P.A.

Principal Place of Business  
2003 Miccosukee Road  
Tallahassee, FL 32308

Mailing Address  
2003 Miccosukee Road  
Tallahassee, FL #2308

3. Date Incorporated or Qualified  
6/4/81

3a. Date of Last Report  
5/1/96

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

4. FEI Number

59-3087233

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

Flesher, Nancy N.  
2003 Miccosukee Road  
Tallahassee, FL 32308

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

TITLE D ☐ DELETE  
NAME Flesher, Kyle J.  
STREET ADDRESS 2003 Miccosukee Road  
CITY-ST-ZIP Tallahassee, FL 32308

TITLE D, President ☐ DELETE  
NAME Flesher, Nancy N.  
STREET ADDRESS 2003 Miccosukee Road  
CITY-ST-ZIP Tallahassee, FL 32308

TITLE T ☐ DELETE  
NAME Andreu, Willie Y.  
STREET ADDRESS 2332 N W 54th Place  
CITY-ST-ZIP Gainesville, FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-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-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
000002256310--0  
-08/04/97--01069--014  
\*\*\*\*165.00 \*\*\*\*165.00

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 do 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.

SIGNATURE:

Nancy N. Flesher Nancy N. Flesher

7/25/97

(904) 942-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

2



**AMBULATORY ANKLE AND FOOT CARE CENTER, P.A.**

**KYLE J. FLESHER, D.P.M.**

2003 Miccosukee Road  
Tallahassee, Florida 32308  
Telephone: (904) 942-2400

July 25, 1997

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Ambulatory Ankle & Foot Care Center, PA  
Document # F39553

Dear Sir:

Enclosed is the annual filing for the above referenced corporation. I understand the report was due May 1, 1997 and is now delinquent. This business was purchased in 1996, and we did not realize there was an annual filing requirement. Our CPA, who was just recently engaged to assist us with the filing of our 1996 income tax returns, brought this to our attention. There was no intent to avoid any filings or payments to the State of Florida.. I have no record of receiving any preprinted forms notifying us of any filing requirements and did not intentionally fail to file the required forms. I can assure you that the filing requirement is now understood and that all-subsequent filings will be timely.

I am also enclosing a check in the amount of \$165.00 to cover the annual filing fee and respectfully request you abate any applicable penalties based on the above stated circumstances. We are just getting the business started and your consideration is greatly appreciated.

Sincerely,

Nancy N. Fleisher

enclosures