

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F39553

1. Entity Name

AMBULATORY ANKLE AND FOOT CARE CENTER, P.A.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90008 042 ***150.00

Principal Place of Business

Mailing Address

2003 MICCOSUKEE RD
TALLAHASSEE FL 32308
US

2003 MICCOSUKEE RD
TALLAHASSEE FL 32308-5307
US

00011103



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3087233**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FLESHER, NANCY
2003 MICCOSUKEE RD.
TALLAHASSEE FL 32308

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 **D** ☐ Delete
NAME **FLESHER KYLE J.**
STREET ADDRESS **2003 MICCOSUKEE, RD**
CITY-ST-ZIP **TALL FL**

TITLE **D** ☒ Change ☐ Addition
NAME **FLESHER, KYLE J.**
STREET ADDRESS **1608 W. PLAZA DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **PD** ☐ Delete
NAME **FLESHER NANCY N.**
STREET ADDRESS **2003 MICCOSUKEE RD.**
CITY-ST-ZIP **TALL FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **FLESHER, NANCY N.**
STREET ADDRESS **1608 W. PLAZA DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **T** ☐ Delete
NAME **ANDREU, WILLIE Y**
STREET ADDRESS **2332 NW 54TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **T** ☐ Change ☐ Addition
NAME **ANDREU, WILLIE Y.**
STREET ADDRESS **4000 S.W. 47TH AVE.**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Nancy N. Fleisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00

850-942-2400

Date

Daytime Phone #

CR2E034 (9/99)