SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 AUG 15 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003003 (1)**

1. Corporation Name
NATIONAL FOOT & ANKLE IPA, INC.

Mailing Address
9110 LEASGATE RD.
LOUISVILLE KY 40222

Principal Place of Business
9110 LEASGATE RD.
LOUISVILLE KY 40222

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/21/1993**
3a. Date of Last Report: **INITIAL REPORT**

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26 **SAME**
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **61-1224363** ☐ 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE
Signature, typed or printed name of individual agent and the date signed (NOTE: Registered Agent signature required when mail/ship)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN '94	
11 TITLE	C/D	11 TITLE	
12 NAME	FROBENIUS ROBERT F	12 NAME	
13 STREET ADDRESS	101 EAST YOUNG STREET	13 STREET ADDRESS	
14 CITY-ST-ZIP	ROSEHILL KS 67133	14 CITY ST ZIP	
21 TITLE	V/C/D	21 TITLE	
22 NAME	LEVINE ROBERT GDPM	22 NAME	
23 STREET ADDRESS	9110 LEESGATE RD.	23 STREET ADDRESS	
24 CITY-ST-ZIP	LOUISVILLE KS 40222	24 CITY ST ZIP	
31 TITLE	S/T	31 TITLE	
32 NAME	LEVINE ROBERT GDPM	32 NAME	
33 STREET ADDRESS	9110 LEESGATE RD.	33 STREET ADDRESS	
34 CITY ST ZIP	LOUISVILLE KS 40222	34 CITY ST ZIP	
41 TITLE	P	41 TITLE	
42 NAME	FROBENIUS COURTNEY L	42 NAME	
43 STREET ADDRESS	1121 EAST MISSOURI, STE. C-115	43 STREET ADDRESS	
44 CITY ST ZIP	PHOENIX AZ 85014	44 CITY ST ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 business agent named to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 8/9/94
Date