

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000003003**

1. Corporation Name
NATIONAL FOOT & ANKLE IPA

Principal Place of Business

Mailing Address

FILED
AMENDMENT
98 NOV 23 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6/21/1993

2. Principal Place of Business	2a. Mailing Address
21 1729 Harbor Lane	26 614 E. Highway 50
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 #403
City & State	City & State
23 CLERMONT, FL	28 Clermont, FL
Zip	Zip
24 34711	29 34711
Country	Country
25 USA	30 USA

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**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 South Pine Island Rd.
Plantation, FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	WHITED, JAMES	1.2 NAME	LEVINE, ROBERT G. DPM
STREET ADDRESS	1523 S. ORANGE AVE	1.3 STREET ADDRESS	9110 LEESGATE RD
CITY-ST-ZIP	ORLANDO, FL	1.4 CITY-ST-ZIP	LOUISVILLE, KY
TITLE	VCST	2.1 TITLE	S
NAME	LEVINE, ROBERT G. DPM	2.2 NAME	REPER, BONNIE L.
STREET ADDRESS	9110 LEESGATE RD	2.3 STREET ADDRESS	614 E. HIGHWAY 50, #403
CITY-ST-ZIP	LOUISVILLE KY	2.4 CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	V	3.1 TITLE	T
NAME	MAGUIRE, CRAIG DPM	3.2 NAME	MAGUIRE, CRAIG DPM
STREET ADDRESS	1523 S. ORANGE AVE.	3.3 STREET ADDRESS	200 E. ROBINSON ST. #1250
CITY-ST-ZIP	ORLANDO, FL	3.4 CITY-ST-ZIP	ORLANDO, FL 32801
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	400002699104--8
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-12/01/98--01061--039
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Bonnie L. Reper** **BONNIE L. REPER** **11/13/98** **352-242-9393**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/98)