

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000003003**

1. Entity Name

NATIONAL FOOT & ANKLE IPA, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90057 041 ***158.75

Principal Place of Business

Mailing Address

1729 HARBOR LANE
CLERMONT FL 34711
US614 E. HIGHWAY 50
403
CLERMONT FL 34711-3164
US**906010**

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 **61-1224363**

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

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 State10. 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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|--|
| TITLE | S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | REPER, BONNIE L | NAME | |
| STREET ADDRESS | 614 E. HIGHWAY 50, #403 | STREET ADDRESS | |
| CITY-ST-ZIP | CLERMONT FL 34711 | CITY-ST-ZIP | S/V/D |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LEVINE, ROBERT G DPM | NAME | |
| STREET ADDRESS | 9110 LEESGATE RD. | STREET ADDRESS | |
| CITY-ST-ZIP | LOUISVILLE KY | CITY-ST-ZIP | P/D |
| TITLE | T <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAGUIRE, CRAIG DPM | NAME | |
| STREET ADDRESS | 200 E. ROBINSON ST. #1250 | STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32801 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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:**Bonnie L Reper**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/18/2000**
Date**352-242-9393**
Daytime Phone #