

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**  
 05-30-2002 91604 016 \*\*\*550.00

**DOCUMENT # F93000003003**

1. Entity Name  
**NATIONAL FOOT & ANKLE IPA, INC.**

Principal Place of Business

**1729 HARBOR LANE  
 CLERMONT FL 34711  
 US**

Mailing Address

**614 E. HIGHWAY 50  
 # 403  
 CLERMONT FL 34711  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **61-1224363**

Applied For

Not Applicable

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, 2002 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 ☐ Delete  
 NAME **SVD REPER, BONNIE L**  
 STREET ADDRESS **614 E. HIGHWAY 50, #403**  
 CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE ☐ Delete  
 NAME **PD LEVINE, ROBERT G DPM**  
 STREET ADDRESS **9110 LEESGATE RD.**  
 CITY-ST-ZIP **LOUISVILLE KY**

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

TITLE ☐ Delete  
 NAME **T MAGUIRE, CRAIG DPM**  
 STREET ADDRESS **200 E. ROBINSON ST. #1250**  
 CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 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 **BONNIE L. REPER** 5/10/02 352-242-9393  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)