Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 21, 2001 8:00 am Secretary of State **DOCUMENT #** G21751 1. Entity Name ADVANCED FOOT & ANKLE CENTER, INC. 08-21-2001 90008 047 ***150.00 Principal Place of Business Mailing Address 1851 ALOMA AVENUE 1851 ALOMA AVENUE C0075303 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2260773 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REINHARTZ, HAROLD R. Street Address (P.O. Box Number is Not Acceptable) 205 ROLLING WOOD TRAIL **ALTAMONTE SPRINGS FL 32714** City 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PDS** TITLE ☐ Delete TITLE ☐ Change Addition CR2E034 (5/01 REINHARTZ, HAROLD R. NAME NAME 1851 ALOMA AVENUE STREET ADDRESS STREET ADDRESS WINTER PARK FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change_ ☐ Addition REINHARTZ, AUDREY C. NAME NAME 1851 ALOMA AVENUE STREET ADDRESS STREET ADDRESS WINTER PARK FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP -CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowers

AME OF SIGNING OFFICE

8547

ADVANCED FOOT & ANKLE CENTER DR. HAROLD R. REINHARTZ 1851, ALOMA AVENUE WINTER PARK, FL 32789 (407) 644-5565

COLONIAL BANK 699 N. ORLANDO AVE. WINTER PARK, FL 32789 63-1322/631

4/16/2001

PAY TO THE **\$** **150.00 DEPARTMENT OF STATE ORDER OF One Hundred Fifty and 00/100****************** DEPARTMENT OF STATE DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314 2001 UNIFORM BUSINESS REPORT MEMO per our conversation To Whomit May ConceRN; This check plus report WAS sent In a timely manner as indicated by the date on the check to date it has not eleased the book. I assume that it has been lost in the mail as I was unaware that you had not received it - Las Receives this late Notice appreciate your cooporat warvering the late charges and CORREC the statement, Thank you DRCHAROLD R. KENHAR