2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2005 8:00 am
Secretary of State

09-13-2005 90001 002 ***150.00

J0066649

08052005 Chg-P CR2E034 (10/03)

DOCUMENT # G55631

1. Entity Name
FOOT & ANKLE SPECIALISTS OF MIAMI BEACH, P.A.

Principal Place of Business	Mailing Address
420 LINCOLN RD STE 2C MIAMI BCH, FL 33139 US	420 LINCOLN RD STE 2C MIAMI BCH, FL 33139 US

2. ~~Principal Place of Business~~		3. Mailing Address	
Mt Sinai Hospital		Po Box 402039	
Suite, Apt. #, etc. 4300 ALTON ROAD SUITE 2020		Suite, Apt. #, etc. MIAMI BEACH	
City & State MIAMI BEACH FLORIDA		City & State FLORIDA	
Zip 33140	Country USA	Zip 33140	Country USA

4. FEI Number 59-2311527 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZUCKERMAN, LESLIE H.
4000 HOLLYWOOD BLVD
SUITE 485S
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____ 9/1/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

~~In accordance with s. 607.193(2)(b), F.S., the~~ corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CARMEL, JERALD G 19935 NE 10TH PLACE WAY MIAMI, FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jerald Carmel ~~Address~~ DPM Mount Sinai Hospital PO Box 402039 Miami Beach, Florida 33140	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT BERKOWITZ, KEVIN 420 LINCOLN RD STE 2C MIAMI BEACH, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kevin Berkowitz DPM Mount Sinai Hospital Po Box 402039 Miami Beach, Florida 33140	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

bss&s | Berenfeld, Spritzer, Shechter & Sheer
CERTIFIED PUBLIC ACCOUNTANTS

ATTACHMENT
500666479

www.bsss-cpa.com

July 14, 2005

Department of the State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Foot & Ankle Specialist of Miami Beach, P.A.
I.D. No.: 59-2311527
Document No.: G55631

To Whom It May Concern:

The above referenced corporation has asked us to respond to your notice of Dissolution. Please be advised that the corporation relocated to a new office space. Some correspondence was never forwarded to the new address or lost in the move.

We are hereby requesting that you accept the enclosed check in the amount of $150 and abate the penalties and return the corporation's status to "active".

Thank you for your cooperation in this matter.

Very truly yours,

Ana L. Martinez

9655 South Dixie Highway • Third Floor Miami, Florida 33156 • P 305.274.4600 • F 305.274.4601

TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.

FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

NOTICE OF INTENT TO DISSOLVE

0092184 01 AV 0.176 **AUTO T0 0 1203 33140-003939

FOOT & ANKLE SPECIALISTS OF MIAMI BEACH, P.A.
PO BOX 402039
MIAMI BEACH FL 33140-0039

ATTACHMENT
500666 49

OPTION 3 - ***Receive a form by mail*** - *Allow up to 28 days total processing time.*

- *Detach this postcard.*
- *Enter address to mail report to, if different from preprinted address.*
- *Affix postage on reverse side and mail.*

Document # G65631

FOOT & ANKLE SPECIALISTS OF MIAMI BEACH, P.A.
PO BOX 402039
MIAMI BEACH FL 33140-0039

CR2E095-2nd 03/05