FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H09835** **(0)**

1. Corporation Name

ANKLE & FOOT CENTER OF TAMPA BAY, P.A.

Principal Place of Business

% SETH J. OKUN, D.P.M.
1425 S. HOWARD AVENUE
TAMPA FL 33606

Mailing Address

% SETH J. OKUN, D.P.M.
1425 S. HOWARD AVENUE
TAMPA FL 33606

3. Date Incorporated or Qualified: **06/27/1984**

3a. Date of Last Report: **01/24/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26 **1919 SWANN AVE**
Suite, Apt. #, etc.
27 **TAMPA FL**
City & State
28 **33606**
Zip 29 | County 30 **USA**

4. FEI Number: **59-2419452** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

OKUN, SETH J. D.P.M.
1425 S. HOWARD AVENUE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **1919 SWANN AVE**
83
84 City **TAMPA** **FL** 85 Zip Code **33606**

11. Pursuant to the provisions of Section 617.0502 and 607.1605, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

1 TYPE	PD	☐ DELETE
2 NAME	OKUN, SETH J. D.P.M.	
3 STREET ADDRESS	1425 S. HOWARD AVENUE	
4 CITY-ST-ZIP	TAMPA FL	
5 TYPE		☐ DELETE
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TYPE		☐ DELETE
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TYPE		☐ DELETE
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TYPE		☐ DELETE
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TYPE		☐ DELETE
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TYPE		☒ Change ☐ Addition
2 NAME		
3 STREET ADDRESS	1919 SWANN AVE	
4 CITY-ST-ZIP	TAMPA FL 33606	
5 TYPE		☐ Change ☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TYPE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TYPE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TYPE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TYPE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 1/15/96 813 254-4747

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