FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

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FILED Jan 21 1998 8:00am Secretary of State

ANKLE & FOOT CENTER OF TA	` '			
Principal Place of Business	Mailing Address			AIL BUBEL BIBIL BIBIL BIBIL (GB)
% SETR J OKUN. D.P.M. 1919 SWANN AVE				
1425 8 AOWARD AVENUE TAMPA FL 33608	TAMPA FL 33606 US		DO NOT WRITE IN THE	S SPACE
1AMPA 12 0000	00		3. Date Incorporated or Qualified	
·			06/27/1984	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
27 1919 SWANN ATC			59-2419452	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the o	
24 3 3606 25 V 5A	29	30	Personal Property Tax due June 30.	1 Yes No
9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registere	d Agent
OKUN, SETH J. D.P.M.		81 Name		
1919 SWANN AVE		B2 Street Add	fress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33608		83		
		63		
		84 City	F	85 Zip Code
Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the observations. SIGNATURE Signature, typed or printed harms of registered.	oligations of, Section 607.0505, Fa	authorized by the corpora orida Statutes. E. Rogistered Agent signature requi		opointment as registered
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME OKUN, SETH J. D.P.M.		1.2 NAME		
STREET ADDRESS 1919 SWANN AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP TAMPA FL		1.4 CfTY - ST - ZiP		
TITLE	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
OTOSET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	2. 4 CITY-ST-ZIP		···
TITLE	☐ DELETE	3.1 TiTL€		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE	►1 ncrete	4.1 TITLE		The researches The Word (101)
NAME CYDEST ADDRESS		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		Ì
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		-
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. 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 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 admission.