

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90074 007 ***150.00

DOCUMENT # H09835

1. Corporation Name

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

Principal Place of Business

1919 SWANN AVE
1425 S. HOWARD AVENUE
TAMPA FL 33606
US

Mailing Address

1919 SWANN AVE
TAMPA FL 33606
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1984

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1919 SWANN AVE

26

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

TAMPA, FL

29

24 Zip

33604

25 Country

US

29 Zip

30 Country

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OKUN, SETH J. D.P.M.
1919 SWANN AVE
TAMPA FL 33606

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME OKUN, SETH J. D.P.M.
STREET ADDRESS 1919 SWANN AVE.
CITY-ST-ZIP TAMPA FL

1.1 TITLE PRESIDENT ☒ Addition
1.2 NAME BREIGHTON ROBERT OPM
1.3 STREET ADDRESS 1919 SWANN AVE
1.4 CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME FLEETER MICHAEL OPM
2.3 STREET ADDRESS 1919 SWANN AVE TAMPA FL
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
3.2 NAME ROBT. MARTIN OPM
3.3 STREET ADDRESS 1919 SWANN AVE TAMPA FL
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE VICE PRESIDENT ☒ Change ☒ Addition
4.2 NAME OKUN SETH OPM
4.3 STREET ADDRESS 1919 SWANN AVE TAMPA FL
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE SECRETARY ☐ Change ☒ Addition
5.2 NAME SALKOWE RICHARD OPM
5.3 STREET ADDRESS 1919 SWANN AVE TAMPA FL
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE TREASURER ☐ Change ☒ Addition
6.2 NAME BLUSTEIN, STEVEN OPM
6.3 STREET ADDRESS 1919 SWANN AVE TAMPA FL
6.4 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
OKUN, SETH J. D.P.M.

Date

Daytime Phone #

1/4/99

813-8254-4747

CR2E034 (11/98)