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| DOCUMENT # H09835 | |
| 1. Entity Name ANKLE & FOOT CENTER OF TAMPA BAY, P.A. | |

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90023 011 ***150.00

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| Principal Place of Business 13907 NORTH DALE MABRY HWY., STE 103 TAMPA FL 33618 US | Mailing Address 13907 NORTH DALE MABRY HWY., STE 103 TAMPA FL 33618 US |
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DO NOT WRITE IN THIS SPACE

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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| 4. FEI Number 59-2419452 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent OKUN, SETH J. D.P.M. 1919 SWANN AVE TAMPA FL 33606 |
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| 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CREIGHTON, ROBERT DPM 13907 NORTH DALE MABRY HWY., STE 103 TAMPA FL 33618 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FLEETER, MICHAEL DPM 13907 NORTH DALE MABRY HWY., STE 103 TAMPA FL 33618 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PORT, MARTIN 13907 NORTH DALE MABRY HWY., STE 103 TAMPA FL 33618 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP OKUN, SETH J DPM 13907 NORTH DALE MABRY HWY., STE 103 TAMPA FL 33618 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SALKOWE, RICHARD DPM 13907 NORTH DALE MABRY HWY., STE 103 TAMPA FL 33618 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BLUSTEIN, STEVEN DPM 13907 NORTH DALE MABRY HWY., STE 103 TAMPA FL 33618 <input type="checkbox"/> Delete |

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| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CREIGHTON ROBERT DPM 13907 N DALE MABRY HWY STE 103 TAMPA FL 33618 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FLEETER MICHAEL DPM SAME |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 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 **1/4/01** Daytime Phone # **813-963833**

CR2E034 (10/00)