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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 10:01

DOCUMENT # **H67492** **(9)**

1. Corporation Name
ORLANDO FOOT & ANKLE CLINIC, P.A.

Principal Place of Business	Mailing Address
~~1720 S. ORANGE AVE.~~ 1509 S. Orange Ave ORLANDO FL 32806 32853	~~1720 S. ORANGE AVE.~~ 1510 E. Colonial Dr ORLANDO FL ~~32806~~ ste 100W 32853

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/22/1985	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2850012	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 1510 E. Colonial Dr.
22 Suite, Apt. #, etc.	27 Suite 100W
23 City & State	28 Orlando, FL 32803
24 Zip / 25 Country	29 Zip 32803 / 30 Country U.S.A.

9. Name and Address of Current Registered Agent

MAGUIRE, CRAIG C.
1509 S. ORANGE AVE.
ORLANDO FL 32806

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	XX Change ☐ Addition President
NAME	MAGUIRE, DR. CRAIG C.	12 NAME	Criag C. Maguire
STREET ADDRESS	~~1720 S. ORANGE AVE.~~	13 STREET ADDRESS	1510 E. Colonial Dr. Suite 100 W
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, Fl 32803
TITLE		21 TITLE	☐ Change X Addition Vice President
NAME		22 NAME	David B. Moats
STREET ADDRESS		23 STREET ADDRESS	1523 S. Orange Avenue
CITY-ST-ZIP		24 CITY-ST-ZIP	Orlando, FL 32806
TITLE		31 TITLE	☐ Change XX Addition Secretary
NAME		32 NAME	Michael E. Smith
STREET ADDRESS		33 STREET ADDRESS	1523 S. Orange Avenue
CITY-ST-ZIP		34 CITY-ST-ZIP	Orlando, FL 32806
TITLE		41 TITLE	☐ Change XX Addition Treasurer
NAME		42 NAME	Luis J. Sanchez
STREET ADDRESS		43 STREET ADDRESS	1510 E. Colonial Dr. Suite 100W
CITY-ST-ZIP		44 CITY-ST-ZIP	Orlando, FL 32806
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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)(k), 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: Craig C. Maguire 4/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

000630 CP