

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H67492** (9)

1. Corporation Name

ORLANDO FOOT & ANKLE CLINIC, P.A.



Principal Place of Business

**1509 S. ORANGE AVE.
ORLANDO FL 32853
US**

Mailing Address

**1510 E. COLONIAL DR.
SUITE 100W
ORLANDO FL 32803
US**

2. Principal Place of Business

2a. Mailing Address

21 **1510 E. COLONIAL DR.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **# 100 W**

27

City & State

City & State

23

28

Zip **32803**

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

07/22/1985

3a. Date of Last Report

04/14/1995

4. FEI Number

59-2850012

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

1510 E. COLONIAL DR. #100W

83

84 City

ORLANDO

FL

85 Zip Code

32803

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 fee applicant

(NOTE: Registered Agent's signature required for fee refunding)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

MAGUIRE, CRAIG C.

STREET ADDRESS

**1510 E. COLONIAL DR. SUITE 100 W
ORLANDO FL**

CITY - ST - ZIP

TITLE

VP

☐ DELETE

NAME

MOATS, DAVID B.

STREET ADDRESS

**1523 S. ORANGE AVENUE
ORLANDO FL**

CITY - ST - ZIP

TITLE

S

☐ DELETE

NAME

SMITH, MICHAEL B.

STREET ADDRESS

**1523 S. ORANGE AVENUE
ORLANDO FL**

CITY - ST - ZIP

TITLE

T

☐ DELETE

NAME

SANCHEZ, LUIS J.

STREET ADDRESS

**1510 E. COLONIAL DR SUITE 100 W
ORLANDO FL**

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

1510 E. COLONIAL DR. #100W

32803

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

1510 E. COLONIAL DR. #100W

32803

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY/PHONE #

CR2E034 (12/95)