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

**PROFIT** CORPORATION ANNUAL REPORT

1999

**DOCUMENT # H67492** 

ORLANDO FOOT & ANKLE CLINIC, P.A.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90154 002 \*\*\*150.00

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Principal Place of Business Mailing Address						i isbibli sirb sirii 1801; sidra 1814 iist ardis	######################################	#10() #1 <b>0</b> () (#9)
1510 E COLONIA	AL DR	1510 E. COLONIAL DR.			{			
100		SUITE 100W			ļ	DO NOT WRITE IN THIS SPACE		
orlando fl 32 Js	803	ORLANDO FL 32803 US			ŀ	3. Date Incorporated or Qualifed		
J0		00			Ì	07/22/1985		1
2. Principal Pla	en of Rusianas	2a. Mailing Address			<del>}</del>	4. FEI Number		oplied For
z. Principai Fia	ice of Dusiliess	26			ļ	59-2850012	<b>├</b> ─ <del>├</del> ─ं	ot Applicable
Suite, Apt. #	etc.	Suite, Apt. #, etc.			-		\$8.75	Additional
2	,	27				5. Certifcate of Status Desired	Fee R	equired
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
3		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cour	try		8. This corporation owes the current year I		
4	25	29 3	<u>o </u>		l	Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent	}	04 140		10. Name and Address of New Registere	1 Agent	
MAGI	JIRE, CRAIG C.		1	81 Kame	anı	ry J. Renton, Adminis	strator	<u>'                                     </u>
1510 E COLONIAL DR #100W			ţ	82 Street Address (P. g. Gox Number in Not Acceptable) 1510 E. COLONION DI., STE. 100-W				
ORLANDO FL 32803			}-	1510	) =	· COLONICA DI. J ZIE. 10	<u> </u>	
One.	100 12 02000		İ	D3				
				84 9tty	la	odo. F	85 Zip	S3907
	60-60-607.0002	and 607 4509. Florida Statutos	the ob	DU DOMOCI C	1(M	etion submits this statement for the number	of changing its	registered
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 familia with, and accept the abit states of Section 607.0505, Florida Statutes.								
SIGNATURE TAM IS TRATO  Signature, type of project name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND		13.	*****	<u> </u>	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	ORS IN 12
TITLE.	P	DELETE	1.1 T/T	E	Ple	esident . The	☐ Change	Addition
NAME	MAGUIRE, CRAIG C.		1.2 NA	NE · [	RR	yner F. Magure, II		
STREET ADDRESS	1510 E. COLONIAL DR. SUITE 1	100 W	1.3 STF	EET ADDRESS	20	& 5. Robinson, Ste. 12	50	- 1
CITY-ST-ZIP	ORLANDO FL		1.4 CIT	Y-ST-ZIP	Or	o E. Robinson, Ste. 12 Jando, FC 32801		
TITLE	VP	☐ DELETE	2.1 TITI	E			Change	☐ Addition
NAME	MOATS, DAVID B.		2.2 NA	AE {				1
STREET ADDRESS	1510 E COLONIAL DR #100		2.3 ST	REET ADDRESS				}
CITY-ST-ZIP	ORLANDO FL			Y-ST-ZIP				
TITLE	S -	☐ DELETE	3.1 TIT	-	Vic	ce Pregident	Change	☐ Addition
NAME	SMITH, MICHAEL B.		3.2 NA					
STREET ADDRESS	1510 E COLONIAL DR #100		3.3 STI	REET ADDRESS				ľ
CITY-ST-ZIP	ORLANDO FL	Tines Fire	_	Y-ST-ZIP		a table to farm the second to the	- Change	Addition
TITLE		DELETE -	4,1 1111	E [	Sec	egory S. Reanton	-	~
NAME			4. 2 NA	ME	(d)	tegony 5. Reactor to E. Colonial On, S lando, FL 32803	te 10	0-W
STREET ADDRESS			•	REET ADDRESS	15	70 E, Colonial Ori	210.10	\
CITY-ST-ZIP		☐ DELETE	4.4 C/T 5.1 (1T)	Y-ST-ZIP	Ur	ianau, re staus	Change	Addition
TITLE		□ pere∗e	5.1 (III	I			0,10.190	
NAME				REET ADDRESS				
STREET ADDRESS				Y-ST-ZIP				{
CITY-ST-ZIP	<del></del>	DELETE	6.1 TIT			<del></del>	☐ Change	Addition
TITLE			6.2 NA	{				- 1
NAME				REET ADDRESS				{
STREET ADDRESS			1	Y-ST-ZIP				}
CITY-ST-ZIP			4					

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 or an attachment with an address, with all other like empowered.

SIGNATURE: