

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H67492

1. Entity Name

ORLANDO FOOT & ANKLE CLINIC, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90002 038 ***150.00

Principal Place of Business

714 EAST COLONIAL DRIVE
 ORLANDO FL 32803
 US

Mailing Address

1510 E. COLONIAL DR.
 SUITE 100W
 ORLANDO FL 32803-4639
 US

2. Principal Place of Business

3. Mailing Address

714 East Colonial Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2850012

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RENTON, GREGORY J
 1510 E COLONIAL DR #100W
 ORLANDO FL 32803

Name

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

714 East Colonial Drive

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

Gregory J. Renton, Gregory J. Renton Secretary/Treasurer

01/11/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
 NAME MOATS, DAVID B.
 STREET ADDRESS 1510 E COLONIAL DR #100
 CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP
 NAME SMITH, MICHAEL B.
 STREET ADDRESS 1510 E COLONIAL DR #100
 CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE P
 NAME MAGUIRE, RAYNER F III
 STREET ADDRESS 200 E ROBINSON, STE #1250
 CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS 2816 E. Robinson St., Ste. #250
 CITY-ST-ZIP Orlando, FL 32803

TITLE ST
 NAME RENTON, GREGORY J
 STREET ADDRESS 1510 E COLONIAL DR, STE 100W
 CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS 714 East Colonial Drive
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Gregory J. Renton, Gregory J. Renton, Secretary/Treasurer

(407) 423-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/00

Daytime Phone #

CR2E034 (9/99)