

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H67492

1. Entity Name

ORLANDO FOOT & ANKLE CLINIC, INC.

Principal Place of Business

Mailing Address

714 EAST COLONIAL DRIVE
ORLANDO FL 32803
US

714 EAST COLONIAL DRIVE
ORLANDO FL 32803
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2850012

Applied For
Not Applicable

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
714 E COLONIAL DRIVE
ORLANDO FL 32803

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

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, 2001 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 ☐ Delete
NAME MOATS, DAVID B.
STREET ADDRESS 1510 E COLONIAL DR #100
CITY-ST-ZIP ORLANDO FL

TITLE ☒ Change ☐ Addition
NAME 1523 S. ORANGE AVE
STREET ADDRESS ORLANDO, FL 32806
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME 1523 S. ORANGE AVE.
STREET ADDRESS ORLANDO, FL 32806
CITY-ST-ZIP

TITLE P ☐ Delete
NAME MAGUIRE, RAYNER F III
STREET ADDRESS 2816 E ROBINSON ST STE 250
CITY-ST-ZIP ORLANDO FL 32803

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

TITLE ST ☐ Delete
NAME RENTON, GREGORY J
STREET ADDRESS 714 E COLONIAL DR
CITY-ST-ZIP ORLANDO FL 32803

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/01

Date

(407) 423-1234

Daytime Phone #

CRF094 (1/01)

0063189

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90101 046 ***150.00



DO NOT WRITE IN THIS SPACE