

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 27 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L39861** (4)

1. Corporation Name

**AMERICAN FOOT CLINICS OF JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

C/O DARYL H. MAKOFF  
10909 ATLANTIC BLVD. #12  
JACKSONVILLE FL 32225

C/O DARYL H. MAKOFF  
10909 ATLANTIC BLVD. #12  
JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **12/26/1989** 3a. Date of Last Report **04/25/1994**

4. FEI Number **59-2981404** 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 § 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 **14176 Drakes Pt. Dr.**  
Suite, Apt. #, etc.

26 **P.O. Box 331357**  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Jacksonville, FL**

28 **Atlantic Beach, FL**

24 Zip **32224** 25 Country **USA**

29 Zip **32233** 30 Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAKOFF, DARYL H.  
10909 ATLANTIC BLVD.  
#12  
JACKSONVILLE FL 32225

81 Name **DARYL H. MAKOFF**  
82 Street Address (P.O. Box Number is Not Acceptable) **14176 Drakes Pt. Dr.**  
83  
84 City **Jacksonville** FL 85 Zip Code **32224**

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

**DARYL H. MAKOFF**

**4-20-95**

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

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>
NAME	<b>MAKOFF, DARYL H.</b>
STREET ADDRESS	<b>10909 ATLANTIC BLVD. #12</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	<b>D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>DARYL H. MAKOFF</b>	
3. STREET ADDRESS	<b>14176 Drakes Pt. Dr.</b>	
4. CITY - ST - ZIP	<b>Jacksonville, FL 32224</b>	
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**DARYL MAKOFF**

**4-20-95**

Date

904-223-0719

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