

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01 1996 8:00 am
Secretary of State

DOCUMENT # L67414

(7)

1. Corporation Name

FAMILY FOOT HEALTH ASSOCIATES, P.A.

Principal Place of Business

4302 ALTON RD
STE 460
MIAMI BEACH FL 33140
US

Principal Address

4302 ALTON RD
STE 460
MIAMI BEACH FL 33140
US

2. Principal Place of Business

21 State: April, 1996

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State: April, 1996

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

KRINGOLD, STEVEN, DPM
STE. 460
MIAMI BEACH FL 33140

3. Date of Incorporation (or Conversion)
04/20/1990

3a. Date of Last Report
01/26/1995

4. FET Number
65-0193545

Applied For
Not Applicable

5. Corporation Status (Domestic) ☐

\$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 at least one underinsured motorist
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name KRINGOLD, STEVEN, DPM
82 Street Address (P.O. Box Number is Not Applicable)
4302 ALTON RD
83 Suite 460
84 City MIAMI BEACH FL 33140

11. Pursuant to the provisions of Section 607.01, Florida Statutes, the undersigned hereby certifies that the information furnished for the purpose of changing its registered office or registered agent, or both, in the State of Florida, is true and correct. If by the corporation's board of directors, then the undersigned is a duly authorized registered agent. If an individual, then the undersigned is the duly authorized agent of the corporation.

SIGNATURE KRINGOLD, STEVEN, DPM

JOHN L. Kringold

3-27-96

12. OFFICERS AND DIRECTORS

12a. OFFICERS AND DIRECTORS
NAME: DP
KRINGOLD, STEVEN
STREET ADDRESS: 4302 ALTON RD., #460
CITY, STATE, ZIP: MIAMI BEACH FL 33140
NAME: KRINGOLD, KAREN
STREET ADDRESS: 443 BARBAROSSA AVENUE
CITY, STATE, ZIP: CORAL GABLES FL 33134

12b. OFFICERS AND DIRECTORS
NAME: KRINGOLD, KAREN
STREET ADDRESS: 443 BARBAROSSA AVENUE
CITY, STATE, ZIP: CORAL GABLES FL 33134
NAME: KRINGOLD, STEVEN
STREET ADDRESS: 4302 ALTON RD., #460
CITY, STATE, ZIP: MIAMI BEACH FL 33140

12c. OFFICERS AND DIRECTORS
NAME: KRINGOLD, STEVEN
STREET ADDRESS: 4302 ALTON RD., #460
CITY, STATE, ZIP: MIAMI BEACH FL 33140
NAME: KRINGOLD, KAREN
STREET ADDRESS: 443 BARBAROSSA AVENUE
CITY, STATE, ZIP: CORAL GABLES FL 33134

13.

13a. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13b. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13c. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13d. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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13q. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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13s. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13t. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13u. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13v. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13w. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13x. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13y. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13z. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

SIGNATURE: STEVEN KRINGOLD, DPM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN L. Kringold

205-673-0083
3/27/96

CR2E034 (12/95)