

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

FILED

Apr 27 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L67414 (7)**  
 1. Corporation Name  
**FAMILY FOOT HEALTH ASSOCIATES, P.A.**



Principal Place of Business <b>4302 ALTON RD</b> <b>STE 460</b> <b>MIAMI BEACH FL 33140</b> <b>US</b>	Mailing Address <b>4302 ALTON RD</b> <b>STE 460</b> <b>MIAMI BEACH FL 33140</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		<b>3. Date Incorporated or Qualified</b> <b>04/20/1990</b>	<b>4. FEI Number</b> <b>65-0193545</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<b>9. Name and Address of Current Registered Agent</b> <b>KRINGOLD, STEVEN, DPM</b> <b>4302 ALTON ROAD</b> <b>SUITE 460</b> <b>MIAMI BEACH FL 33140</b>				<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>Michelle Detweiler, D.P.M.</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>4302 ALTON ROAD</b> <b>83 SUITE 460</b> <b>84 City</b> <b>MIAMI BEACH</b> <b>FL</b> <b>85 Zip Code</b> <b>33140</b>			
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**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** **Michelle Detweiler, D.P.M. x** **MDenil** **4/20/98**  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D/P/S/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KRINGOLD, STEVEN			1.2 NAME	Michelle Detweiler, D.P.M.		
STREET ADDRESS	4302 ALTON RD., #460			1.3 STREET ADDRESS	4302 ALTON ROAD, #460		
CITY-ST-ZIP	MIAMI BEACH FL			1.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33140		
TITLE	ST	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRINGOLD, KAREN			2.2 NAME			
STREET ADDRESS	443 BARBAROSSA AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

**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 on an attachment with an address.**

**SIGNATURE:** **Michelle Detweiler, D.P.M. x** **MDenil** **4/20/98** **305/1073-5833**

CR2E034 (10/97)