

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L67414

1. Entity Name

FAMILY FOOT HEALTH ASSOCIATES, P.A.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90140 047 \*\*\*150.00

Principal Place of Business

4302 ALTON RD  
 STE 460  
 MIAMI BEACH FL 33140  
 US

Mailing Address

4302 ALTON RD  
 STE 460  
 MIAMI BEACH FL 33140-2876  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4302 Alton Rd.

Suite, Apt. #, etc.

Suite 640

City & State  
 Miami Beach FL

Zip  
 33140

Country  
 USA

3. Mailing Address

4302 Alton Rd.

Suite, Apt. #, etc.

Suite 640

City & State  
 Miami Beach FL

Zip  
 33140

Country  
 USA

4. FEI Number 65-0193545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

DETWEILER, MICHELLE  
 4302 ALTON ROAD  
 SUITE 460  
 MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name  
 Detweiler, Michelle  
 Street Address (P.O. Box Numbers Not Acceptable)  
 4302 Alton Road  
 Suite 640  
 City  
 Miami Beach FL Zip Code  
 33140

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, 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DPST  
 DETWEILER, MICHELLE D  
 4302 ALTON ROAD, #460  
 MIAMI BEACH FL 33140 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DPST  
 Detweiler, Michelle D ☒ Change ☐ Addition  
 4302 Alton Road, #640  
 Miami Beach, FL 33140

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

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

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

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

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

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:

*MDetw*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 305-673-0033

Date

Daytime Phone #

CR2E034 (9/99)