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Jan 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N28929 (0)

1. Corporation Name

FLORIDA DIVISION OF THE AMERICAN COLLEGE OF FOOT
SURGEONS, INC.



Principal Place of Business

Mailing Address

C/O RICHARD LEVIN, DPM
2601 S. MILITARY TR. #36
W. PALM BCH. FL
US

C/O RICHARD LEVIN, DPM
2601 S. MILITARY TR. #36
W. PALM BCH. FL 33415-7513
US

3. Date Incorporated or Qualified
10/19/1988

3a. Date of Last Report
08/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
31-1254015

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 s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEMNER, MICHAEL G
3251 MCMULLEN BOOTH ROAD
SUITE 202
CLEARWATER FL 34621

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME DEMNER, MICHAEL
STREET ADDRESS 3251 MCMULLEN BOOTH ROAD
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE DV
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DP
NAME BERENS, THOMAS A.
STREET ADDRESS 3909 NEWBERRY RD.
CITY-ST-ZIP GAINESVILLE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME LEVIN, RICHARD
STREET ADDRESS 2601 SOUTH MILITARY TRAIL #36
CITY-ST-ZIP WEST PALM BEACH FL

3.1 TITLE DT
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME DEMNER, MICHAEL
STREET ADDRESS 3890 TAMPA RD. STE. 301
CITY-ST-ZIP PALM HARBOR FL 34684

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE DS
5.2 NAME JEROME NOLL, DPM
5.3 STREET ADDRESS 10621 Airport Road, N, #4
5.4 CITY-ST-ZIP Naples, FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 617, 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

Richard LEVIN, DPM 1/20/97

561
641-7864

Date

Daytime Phone # 0041313

CR2E037 (9/96)