

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90064 041 ****61.25

DOCUMENT # N28929 1. Entity Name FLORIDA DIVISION OF THE AMERICAN COLLEGE OF FOOT SURGEONS, INC.					
Principal Place of Business C/O DR. TOM MERRILL 11300 NE 2ND AVE MIAMI, FL 33161 US			Mailing Address C/O DR. TOM MERRILL 11300 NE 2ND AVE MIAMI, FL 33161 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 31-1254015	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MERRILL, TOM F BARRY UNIVERSITY SGMS 11300 NE 2ND AVE MIAMI, FL 33161				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP		TITLE	DP	
NAME	LEVIN, RICHARD <input type="checkbox"/> Delete		NAME	Merrill, Tom F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2601 S MILITARY TRAIL 36		STREET ADDRESS	11300 NE 2nd Avenue	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP	Miami FL 33161	
TITLE	DV		TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOLL, JEROME <input type="checkbox"/> Delete		NAME	Baldinger Phillip	
STREET ADDRESS	10621 AIRPORT ROAD N 4		STREET ADDRESS	1800 Cortez Road West	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	Bradenton FL 34207	
TITLE	DT		TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERRILL, THOMAS		NAME	Detweiler Michelle	
STREET ADDRESS	11300 NE 2ND AVE		STREET ADDRESS	4302 Alton Road, Suite 640	
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP	Miami Beach FL 33149	
TITLE	DS		TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALDINGER, PHILLIP		NAME	Detweiler Michelle	
STREET ADDRESS	1800 CORTEZ ROAD WEST		STREET ADDRESS	4302 Alton Road, Suite 640	
CITY-ST-ZIP	BRADENTON, FL 34207		CITY-ST-ZIP	Miami Beach FL 33149	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>M. Detweiler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/4/05 (305) 673 0033</u> <small>Date Daytime Phone #</small>		