## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Feb 08, 2006 8:00 am Secretary of State

02-08-2006 90006 027 \*\*\*\*61.25

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1. Entity Name FLORIDA DIVISION OF THE AMERICAN COLLEGE OF FOOT SURGEONS, INC.



Principal Place of Business C/O DR. TOM MERRILL

Mailing Address C/O DR. TOM MERRILL

11300 NE 21 MIAMI, FL 33		11300 NE 2ND AVE Miami, FL 33161 US		I PORTINGI GIR I	NORA ARIAR ABAND ALBAR ABAN BAN	II BIBN 81811 91811 61811 FIBT	)(51) B) (188)
Principal P	Philip Rold Noc	3. Mailing Address Phi	lipRalding				
Suite, Apt.	ortez Road was	Suite, Apt. #, etc.	ez Road	01302006	Chg-NP C	CR2E037 (11/05)	
Brack State	2)100 1 -	Dro Bent	n, FL	4. FEI Number 31-1254	015	No	plied For t Applicable
3242c	OZA Country	34207	Country	5. Certificate of	f Status Desired	S8.75 Add Fee Required	
	6. Name and Address of Current R	egistered Agent	Name D	7. Name and	Address of New Regi	stered Agent	
MERRILL,	TOM F		Marine BC	ildincer	Phillip	· ·····	
	NIVERSITY SGMS		Street Addres	ss (P.OBox Mumber	is Not Acceptable)	West	
11300 NE. MIAMI, FL			1 1 1 0 0		7.00.		
			city Brc	denta	<u> </u>	FL Zin Code	207
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or regi	stered agent, or both	, in the State of Florid	a. I am familiar with,	and accept
SIGNATURE .	Mump of Manager Signature, typed or printed name of Registered agent an	d title 4 applicable. (NOTE: F	Registered Agent signature req	rured when reinstating)	2/3/	DATE	<del></del>
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees		e check payable to Department of St	
					I		
10.	OFFICERS AND DIRE		11.		NGES TO OFFICERS		10
TITLE	DP	CTORS	TITLE DI	P. 1.	Philip	AND DIRECTORS IN Change	10 Addition
	DP MERRILL, TOM F		7.5	aldinger	Phillip Road W	⊠ Change	
TITLE NAME	DP		TITLE DI NAME STREET ADDRESS 18	aldinger	Phillip Road W	Z Change	
TITLE NAME STREET ADDRESS	DP MERRILL, TOM F 11300 NE 2ND AVE MIAMI, FL 33161 DV		TITLE DATE OF THE PROPERTY OF THE PROPERTY ADDRESS TO THE PROPERTY OF THE PROP	aldinger 100 Certez radenter	Phillip Road w FL 3	⊠ Change	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP MERRILL, TOM F 11300 NE 2ND AVE MIAMI, FL 33161 DV BALDINGER, PHILLIP 1800 CORTEZ ROAD WEST BRADENTON, FL 34207 DT DOTWEILER, MICHELLE	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	aldinger 600 Certer racenter Nother E 602 Alton	Phillip Road W FL 3' Etweller Road, Suit	Ø Change 4207 Ø Change € 640 - 33140	☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST-ZIP	DP MERRILL, TOM F 11300 NE 2ND AVE MIAMI, FL 33161  DV BALDINGER, PHILLIP 1800 CORTEZ ROAD WEST BRADENTON, FL 34207  DT DOTWEILER, MICHELLE 4302 ALTOS ROAD, SUITE 640 MIAMI BEACH, FL 33149  DS DOTWEILER, MICHALE 4302 ALTON ROAD, SUITE 640	Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	aldinger 100 Carter 100 Carter 100 Carter 100 Alton 100 Alton	Phillip Road W FL 3' Prweiler Road, Suite ach FL Jacquelin 45 th Street	Change  207  Change  4207  Change  Change  Change	Addition  Addition  Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Michelle Detwaler SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06 (305)6730033