



2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90023 010 \*\*\*\*61.25

<b>DOCUMENT # N28929</b> 1. Entity Name <b>FLORIDA DIVISION OF THE AMERICAN COLLEGE OF FOOT SURGEONS, INC.</b>					
Principal Place of Business <b>C/O PHILIP BALDINGER</b> <b>1800 CORTEZ ROAD WEST</b> <b>BRADENTON, FL 34207 US</b>			Mailing Address <b>C/O PHILIP BALDINGER</b> <b>1800 CORTEZ ROAD WEST</b> <b>BRADENTON, FL 34207 US</b>		
2. Principal Place of Business - No P.O. Box # <b>40 Michelle Detweiler</b> Suite, Apt. #, etc. <b>4302 Alton Rd. Ste. 640</b> City & State <b>Miami Beach FL</b> Zip <b>33140</b>		3. Mailing Address <b>40 Michelle Detweiler</b> Suite, Apt. #, etc. <b>4302 Alton Rd. Ste. 640</b> City & State <b>Miami Beach FL</b> Zip <b>33140</b>		40065511    03252008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>31-1254015</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>BALDINGER, PHILLIP</b> <b>1800 CORTEZ RD. WEST</b> <b>BRADENTON, FL 34207</b>	
7. Name and Address of New Registered Agent Name <b>Detweiler, Michelle</b> Street Address (P.O. Box Number is Not Acceptable) <b>4302 Alton Road Ste. 640</b> City <b>Miami Beach</b> <b>FL</b> Zip Code <b>33140</b>				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 <u><i>MDet</i></u> DATE <u>4/11/08</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BALDINGER, PHILLIP 1800 CORTEZ ROAD WEST BRADENTON, FL 34207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Detweiler, Michelle 4302 Alton Road Ste. 640 Miami Beach FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DETWEILER, MICHALE 4302 ALTON RD. STE. 640 MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Buchman, Jacqueline 1190 NW 95 St. Ste. 102 Miami FL 33150	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BUCHMAN, JACQUELINE 1195 NW 95TH ST. MIAMI, FL 33150	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Harris, John 655 W 8th Street Acc Bldg - Dept. Ortho Jacksonville FL 32209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BUCHMAN, JACQUELINE 1195 NW 95TH ST. MIAMI, FL 33150	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Harris, John 655 W 8th Street Acc Bldg - Dept. Ortho Jacksonville FL 32209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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.					
SIGNATURE: <u><i>MDet</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/11/08</u> Daytime Phone # <u>3056730033</u>		