

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28929

FILED
Jan 20, 2009
Secretary of State

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

Current Principal Place of Business:

C/O MICHELLE DETWEILER
4302 ALTON RD STE 640
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

C/O MICHELLE DETWEILER
4302 ALTON RD STE 640
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 31-1254015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEWEILER, MICHELLE
4302 ALTON RD STE 640
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DETWEILER, MICHELLE
Address: 4302 ALTON RD STE 640
City-St-Zip: MIAMI BEACH, FL 33140

Title: DV () Delete
Name: BUCHMAN, JACQUELINE
Address: 1190 NW 95 ST STE 102
City-St-Zip: MIAMI, FL 33150

Title: DT () Delete
Name: HARRIS, JOHN
Address: 655 W 8TH ST: ACCT. BLDG DEPT ORTHO
City-St-Zip: JACKSONVILLE, FL 32209

Title: DS () Delete
Name: HARRIS, JOHN
Address: 655 W 8TH ST ACCT. BLDG DEPT ORTHO
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: HARRIS, JOHN
Address: 431 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: DS (X) Change () Addition
Name: HARRIS, JOHN
Address: 431 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HARRIS

DT

01/20/2009

Electronic Signature of Signing Officer or Director

Date