

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90002 039 \*\*\*150.00

**DOCUMENT # P00000066852**

**1. Entity Name**  
**SON SHINE FOOT AND ANKLE CENTER, INC.**

*SON SHINE*

**Principal Place of Business**

**10301 HAGEN RANCH RD.  
 BOYNTON BCH FL 33137**

*No Space*

**Mailing Address**

**10301 HAGEN RANCH RD.  
 BOYNTON BCH FL 33137**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc. *#5*

Suite, Apt. #, etc. *#5*

City & State

City & State

**4. FEI Number** **65-1023525**

Applied For  
 Not Applicable

Zip *33437*

Country

Zip *33437*

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**D'ERRICO, ALBERT A  
 1275 CRYSTAL WAY, SUITE B  
 DELRAY BCH FL 33444**

**7. Name and Address of New Registered Agent**

Name *D'Errico, Albert A*  
 Street Address (P.O. Box Number is Not Acceptable) *10301 Hagen Ranch Rd #5*  
 City & State *Boynton Beach FL 33437*

**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.**

**SIGNATURE** *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE-NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | <b>D</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>D'ERRICO, ALBERT A</b>        |                                 |
| STREET ADDRESS | <b>1275 CRYSTAL WAY, SUITE B</b> |                                 |
| CITY-ST-ZIP    | <b>DELRAY BCH FL 33444</b>       |                                 |
| TITLE          | <b>D</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>D'ERRICO, LORETHA</b>         |                                 |
| STREET ADDRESS | <b>1275 CRYSTAL WAY, SUITE B</b> |                                 |
| CITY-ST-ZIP    | <b>DELRAY BCH FL 33444</b>       |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |          |                                                                   |
|----------------|----------|-------------------------------------------------------------------|
| TITLE          |          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <i>5</i> |                                                                   |
| STREET ADDRESS |          |                                                                   |
| CITY-ST-ZIP    |          |                                                                   |
| TITLE          |          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <i>5</i> |                                                                   |
| STREET ADDRESS |          |                                                                   |
| CITY-ST-ZIP    |          |                                                                   |
| TITLE          |          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |          |                                                                   |
| STREET ADDRESS |          |                                                                   |
| CITY-ST-ZIP    |          |                                                                   |
| TITLE          |          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |          |                                                                   |
| STREET ADDRESS |          |                                                                   |
| CITY-ST-ZIP    |          |                                                                   |
| TITLE          |          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |          |                                                                   |
| STREET ADDRESS |          |                                                                   |
| CITY-ST-ZIP    |          |                                                                   |

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/8/02* *561-732-3350*

CR2E034 (9/01)