## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000046498

The state of the

1. Corporation Name

CITY-ST-ZIP

THE FOOT & ANKLE GROUP, P.A.

911 VILLAGE BI SUITE 807 WEST PALM BE US		911 VILLAGE BLVD SUITE 807 WEST PALM BEACH FL 33409 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  06/30/1993			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
21		26			65-0423698	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	8.75 A Fee Re	Additional equired	
City & State	0	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip	Country Zip Co		Country	Personal Property Tax.		Yes	₩No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Age	<u>int</u>		
			81	Name	•		Ļ	
SCHILERO, JOHN 911 VILLAGE BLVD SUITE 807 WEST PALM BEACH FL 33409			82 Street Add		ress (P.O. Box Number is Not Acceptable)			
			83		· · · · · · · · · · · · · · · · · · ·	,	}	
			84	City		5 Zip (	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
40			13.	t signature requir	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTO	DRS IN 12	
12.	PT OFFICERS A		1 TITLE			] Change	☐ Addition	
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NAME	·	J.	.2 NAME					
STREET ADDRESS	· ·	6	3 STREET	TADDRESS				

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

561-471-1178

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90107 029 \*\*\*150.00