2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 03, 2000 8:00 am DOCUMENT # P9300058442 Secretary of State LEE COUNTY CENTER FOR FOOT AND ANKLE SURGERY, IN 03-03-2000 90263 034 ***150.00 Principal Place of Business Mailing Address 12734 KENWOOD LN 12734 KENWOOD LN FORT MYERS FL 33907-5666 FORT MYERS: FL 33907 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0431010 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OSTENDORF, D STEVEN DPM Street Address (P.O. Box Number is Not Acceptable) 12734 KENWOOD LN FORT MYERS FL 33907 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E014 (9/99) Change ☐ Addition ☐ Delete TITLE OSTENDORF, D STEVEN DPM NAME NAME 12734 KENWOOD LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT-MYERS FL Change Addition X Delete TITLE TITLE OSTENDORF, PATRICIA D NAME NAME STREET ADDRESS 12734 KENWOOD LN STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FORT MYERS FL Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 tenert 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 trusted 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 life the empowered. SIGNATURE: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #