

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90011 027 ***150.00

03-68811

DOCUMENT # P93000067143

1. Entity Name

AFFILIATED FOOT & ANKLE PROVIDERS, INC.

Principal Place of Business

**232 BULLARD PARKWAY
TEMPLE TERRACE FL 33617**

Mailing Address

**232 BULLARD PARKWAY
TEMPLE TERRACE FL 33617**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3203352

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANEY, R R
101 E KENNEDY BLVD
SUITE 4100
TAMPA FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
DP	SHAMA, STANLEY S	232 BULLARD PKWY	TEMPLE TERRACE FL 33617	☐					☐	☐
DVP	DEMNER, MICHAEL G	3251 MCMULLEN BOOTH RD	CLEARWATER FL 34621	☐					☐	☐
D	VALINS, ROBERT J	6336 FT KING RD	ZEPHYRHILLS FL	☐					☐	☐
DST	GIRLING, MARTIN T	210 N ALEXANDER ST	PLANT CITY FL 33566	☐					☐	☐
D	BLASS, BARRY	1020 W HILLSBOROUGH AVE	TAMPA FL 33603	☐					☐	☐
D	BAKER, STEVEN	2511 W BUFFALO AVE	TAMPA FL 33607	☐					☐	☐

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 #

CR2E034 (10/00)