2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State
07-17-2002 90142 049 ***150.00

DOCUMENT # P93000067143

1. Entity Name
AFFILIATED FOOT & ANKLE PROVIDERS, INC.

Principal Place of Business	Mailing Address
232 BULLARD PARKWAY TEMPLE TERRACE FL 33617	232 BULLARD PARKWAY TEMPLE TERRACE FL 33617

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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 $550.00
After September 13, 2002 Fee will be $750.00
Make Check Payable to Department of State

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

CR2E034 (4/02)

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 REQUIRED 7/16/02 813-985-2611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

Attachment P93000067143/675218

Inez B. Levin CPA, P.A.
3816 W. Linebaugh Avenue, Suite 300
Tampa, FL 33624

(813) 960-8003
Fax (813) 960-9614

July 12, 2002

Uniform Business Report
Divisions of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Affiliated Foot & Ankle Providers, Inc.
Document #P93000067-143
FEIN: 59-3203352

Dear Sirs:

On behalf of the above taxpayer, we are requesting the removal of penalty for time to file the Uniform Business Report due to frequent out-of-state travel. Taxpayer has always filed this report in a timely manner in previous years.

Taxpayer thanks you for your assistance in this matter. If you have any further questions regarding this information, please do not hesitate to call me at (813) 960-8003.

Yours very truly,

Debra Anderson

Debra Anderson
Administrative Assistant

cc: Affiliated Foot & Ankle Providers, Inc.