

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90029 026 ***150.00

DOCUMENT # P94000013695

1. Entity Name
FOOT & ANKLE GROUP OF SOUTHWEST FLORIDA, P.A.

Principal Place of Business

Mailing Address

~~63 BARKLEY CIR SW~~
~~SUITE 102~~
~~FT MYERS FL 33907~~

~~63 BARKLEY CIR SW~~
~~SUITE 102~~
~~FT MYERS FL 33907~~

Please change

2. Principal Place of Business

3. Mailing Address

5238 Mason Corbin Ct

5238 Mason Corbin Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#102

#102

City & State

City & State

Ft. Myers

Ft. Myers, FL

Zip

Zip

FL 33907

33907

Country

Country

USA

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0476788

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

HOLBERG, STEVEN E

~~63 BARKLEY CIR SW~~ 5238 Mason Corbin Ct
~~FT MYERS FL 33907~~

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 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 D
NAME HOLBERG, STEVEN E DPM
STREET ADDRESS ~~63 BARKLEY CIR SW~~
CITY-ST-ZIP ~~FT MYERS FL 33907~~

TITLE
NAME change address
STREET ADDRESS on all to:
CITY-ST-ZIP

TITLE D
NAME CASTELLANO, BRADLEY DPM
STREET ADDRESS ~~63 BARKLEY CIR SW~~
CITY-ST-ZIP ~~FT MYERS FL 33907~~

TITLE
NAME 5238 Mason
STREET ADDRESS Corbin Ct
CITY-ST-ZIP #102

TITLE DPM
NAME ANDREW, DAVID D
STREET ADDRESS ~~63 BARKLEY CIR SW~~
CITY-ST-ZIP ~~FT MYERS FL~~

TITLE
NAME Ft. Myers, FL
STREET ADDRESS 33907

TITLE DPM
NAME GOLDSTEIN, JEROLD D
STREET ADDRESS ~~63 BARKLEY CIR SW~~
CITY-ST-ZIP ~~FORT MYERS FL~~

TITLE
NAME Ph. 941/936-5400

TITLE D
NAME KLIMOWICH, CHRIS
STREET ADDRESS ~~63 BARKLEY CIR SW~~
CITY-ST-ZIP ~~FT MYERS FL 33907~~

TITLE
NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 #

CR2E034 (10/00)