

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000086793 (3)**

1. Corporation Name

FOOT AND ANKLE PHYSICIANS OF FLORIDA, INC.

Principal Place of Business

**1022 MAIN STREET
DUNEDIN FL 34698**

Mailing Address

**1022 MAIN STREET
DUNEDIN FL 34698**



3. Date Incorporated or Qualified

11/13/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

Suite L

23

City & State

24

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

Suite L

28

City & State

29

Zip

Country

30

4. FEI Number

59-3345499

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**A.G.C. CO.
2300 SUN TRUST CENTER
200 SOUTH ORANGE AVENUE
ORLANDO FL**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 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, if applicable

(If Not Registered Agent, Signature Required Under Penalties)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **President**

1.3 STREET ADDRESS **Allan W. Rothschild, D.P.M.**

1.4 CITY-ST-ZIP **1022 Main Street, Suite L**

Dunedin, FL 34698

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Treasurer**

2.3 STREET ADDRESS **Gary Goodman, D.P.M.**

2.4 CITY-ST-ZIP **2350 Sunset Point Rd., Suite #A**

Clearwater, FL 34625

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Secretary**

3.3 STREET ADDRESS **Jeff Kopelman, D.P.M.**

3.4 CITY-ST-ZIP **4423 Central Avenue**

St. Petersburg, FL 33713

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allan W. Rothschild, D.P.M.

(813) 734-5575

Daytime Phone #

CR2E034 (12/95)