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FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90223 014 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000035684

1. Corporation Name

FLORIDA FOOT CARE, P.A.

Principal Place of Business

2650 BAHIA VISTA STREET, SUITE 104
SARASOTA FL 34239

Mailing Address

2650 BAHIA VISTA STREET, SUITE 104
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1996

4. FEI Number

65-0667165

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required -

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1921 WALDEMERE ST

Suite, Apt. #, etc.

22 106

City & State

23 SARASOTA, FL

Zip

24 34239

Country

25 SARASOTA

2a. Mailing Address

26 1921 WALDEMERE ST

Suite, Apt. #, etc.

27 106

City & State

28 SARASOTA, FL

Zip

29 34239

Country

30 SARASOTA

9. Name and Address of Current Registered Agent

FRIMMEL, ROBERT
1921 WALDEMERE ST
SUITE 613
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

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

83 1921 WALDEMERE ST

84 SUITE 106

City

SARASOTA

FL

85 Zip Code

34239

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

42699

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D SPIEGEL, JEFFREY
STREET ADDRESS 2650 BAHIA VISTA STREET, SUITE 104
CITY-ST-ZIP SARASOTA FL 34239

TITLE ☐ DELETE

NAME D KATZ, MICHAEL
STREET ADDRESS 400 TAMiami TRAIL SOUTH
CITY-ST-ZIP VENICE FL 34285

TITLE ☐ DELETE

NAME D KATZ, ROBERT
STREET ADDRESS 1800 CORTEZ ROAD WEST
CITY-ST-ZIP BRADENTON FL 34207

TITLE ☐ DELETE

NAME D CORBETT, DAVID
STREET ADDRESS 1961 FLOYD STREET
CITY-ST-ZIP SARASOTA FL 34239

TITLE ☐ DELETE

NAME T FRIMMEL, ROBERT
STREET ADDRESS 1921 WALDEMERE ST, 613
CITY-ST-ZIP SARASOTA FL

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
1.3 STREET ADDRESS 5741 BEE RIDGE RD 8470 SW
1.4 CITY-ST-ZIP SARASOTA, FL 34233

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 SUITE 106
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRIMMEL, ROBERT 42699

Date

941-717-6032

Daytime Phone #

CR2E034 (11/98)