FILED Jan 31, 2001 8:00 am Secretary of State 01-31-2001 90038 038 ***150.00

2001 UNIFORM BUSINESS REPORT, (UBR)

DOCUMENT # P96000036945

1. Entity Name

FAMILY FOOT AND ANKLE CENTER, INC.

Principal Place of Business

Mailing Address

840 U.S. HIGHWAY #1 SUITE 110

N PALM BEACH FL 33408

840 U.S. HIGHWAY #1

SUITE 110

N PALM BEACH FL 33408

2. Principal Pl 5928 01		ess obee Blvd.	3. Mailing Address 5928 Okeechobee Blvd.						
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE	
City & State		each, Florida	City & State West Palm Beach, F			L	4. F	Applied For Not Applicable	
Zip 33417		Country U.S.A.	Zip 33417	Country U.S			5. C	Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent								lame and Address of New Registered Agent	
RISPLER, GLENN 840 U.S. HIGHWAY SUITE 110 N PALM BEACH FL 33408					Rispler, Glenn Street Address (P.O. Box Number is Not Acceptable) 5928 Okeechobee Blvd. City Heat Polm Roach 33417				
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 piped name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Tax filing r		ible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00		10. Election Campaign Financing \$5.00 May Be . Trust Fund Contribution. Added to Fees	
11. OFFICERS AND DIRECTORS 12.						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RISPLER, GLENN 840 U.S. HIGHWAY 1 SUITE 110					West Palm Beach, FL 33417			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete RISPLER, NANETTE 840 U.S. HIGHWAY 1 SUITE 110 N PALM BEACH FL 33408					Vice-President Rispler, Nanette 5928 Okeechobee Blvd West Palm Beach, FL 33417			
NAME STREET ADDRESS CITY-ST-ZIP	. □ Delete					Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	-				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					E ME EET ADDRESS Y-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Detete					☐ Change ☐ Addition	

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