

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 26 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000038478 (8)  
 1. Corporation Name  
 PAHOKEE FOOT & ANKLE CLINIC, P.A.



Principal Place of Business: 185 S BARFIELD #2 PAHOKEE FL 33476  
 Mailing Address: 185 S BARFIELD #2 PAHOKEE FL 33476

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: 04/28/1997  
 4. FEI Number: 65-0750394 Applied For: Not Applicable  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 Added to Fees  
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes [X] No [ ]

9. Name and Address of Current Registered Agent  
 BAKST, RICHARD  
 185 S BARFIELD #2 PAHOKEE FL 33476  
 1791 SE Port St Lucie Blvd Port St Lucie, FL 34952

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	GARVIN, MICHAEO	
STREET ADDRESS	185 S BARFIELD #2	1791 SE Port St Lucie Blvd
CITY-ST-ZIP	PAHOKEE FL 33476	Port St. Lucie, FL 34952
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BAKST, RICHARD	
STREET ADDRESS	2522 PGA BLVD	1791 SE Port St. Lucie Blvd
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	Port St. Lucie, FL 34952
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

408/26

100002625741  
 -08/26/98--01083--012  
 \*\*\*150.00

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.

SIGNATURE: *Richard Bakst*

CR2E034 (5/98)

**Ron T. Mackail & Associates, P.A.**  
**Accountants**

*OTL*

Ron T. Mackail  
Jean M. Crane  
Edward C. Sterling

636 U.S. Highway One  
Suite 118  
North Palm Beach, FL 33408-4611

(561) 881-1488  
(561) 881-1490  
Facsimile

July 20, 1998

Division of Corporations  
Annual Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**RE: PAHOKEE FOOT & ANKLE CLINIC, P.A.**  
**185 S BARFIELD #2**  
**PAHOKEE, FL 33476-1831**  
**DOCUMENT #: P97000038478 (8)**

Dear Sir/Madam:

Please find enclosed the corporation annual report complete in it's entirety and signed by the taxpayer. Also enclosed is a check in the amount of \$150.00. I am writing this letter on behalf of the taxpayer because I have been doing the corporate tax work for Pahokee Foot & Ankle Clinic, P.A., since the inception of this business. Unfortunately, for whatever reason, the taxpayer did not receive the initial corporation annual report that was to be filed on the due date of May 1, 1998. This letter is asking you if you would please accept the check enclosed to cover said filing fee and make the appropriate changes to section 2a. This letter is asking for consideration of abatement of said penalty as explained above.

If I can be of any further assistance to you, or if you have any questions, please do not hesitate to contact me at (561) 881-1488, Monday through Friday, 8:00 a.m. to 5:00 p.m., or do so in writing.

Thank you for your time, effort and cooperation.

Respectfully yours,

  
Ron T. Mackail, Accountant

RTM/jms

Enclosures

cc: Pahokee Foot & Ankle Clinic, P.A.