

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

99 NOV -8 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P970000917939

1. Corporation Name

Connelly Foot & Ankle Associates, Inc.

Principal Place of Business

Mailing Address

660 Dover St. #A-17
Boca Raton, FL 33487

660 Dover St #A-17
Boca Raton, FL
33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/97

4. FEI Number

65-0792923

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 22 SE 6th St

26 22 SE 6th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Boca Raton, FL

City & State

28 Boca Raton, FL

Zip

24 33432 25 USA

Zip

29 33432 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Maureen T. Connelly
660 Dover St. #A-17
Boca Raton, FL 33487

81 Name

Maureen T. Connelly

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

22 SE 6th St

83

84 City

Boca Raton

FL

85 Zip Code
33432

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 of principal, president, or owner, if applicable (NOTE: Registered Agent signature required when reinstating)

11/4/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME Maureen T. Connelly D.P.M.

STREET ADDRESS 22 SE 6th St

CITY-ST-ZIP Boca Raton, FL 33432

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Maureen T. Connelly 11/4/99 398-3636

CR2E034 (11/98)