

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90023 016 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000005638

1. Corporation Name

ADVANCED ANKLE & FOOT CENTERS OF FLORIDA, INC.

Principal Place of Business

3005 S. SYGNET TERRACE
INVERNESS FL 34450

Mailing Address

3005 S. SYGNET TERRACE
INVERNESS FL 34450

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1998

4. FEI Number

59-3492620

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.

☒

Yes ☐ No

2. Principal Place of Business

21 112 W Highland Blvd.

Suite, Apt. #, etc.

22 City & State

23 Inverness, FL

Zip

24 34452

Country

25 USA

2a. Mailing Address

26 112 W Highland Blvd.

Suite, Apt. #, etc.

27 City & State

28 Inverness, FL

Zip

29 34452

Country

30 USA

9. Name and Address of Current Registered Agent

CRAMER, CHARLES W
1420 EDGEWATER DR
ORLANDO FL 32804

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
RAYNOR, DAVID B
STREET ADDRESS 3005 S. SYGNET TERRACE
CITY-ST-ZIP INVERNESS FL 34450

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 D/P
Raynor, David B.
1.3 STREET ADDRESS 112 W Highland Blvd.
1.4 CITY-ST-ZIP Inverness, FL 34452

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
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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-12-99

Date

Daytime Phone #

CR2E034 (5/99)

0128697

596479-90033-16

P9800005638

Advanced Ankle and Foot Centers of Florida

DATE: July 13, 1999

TO: Whom It May Concern
Department of State
Annual Reports Filing
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Tallahassee, FL 32302-1500

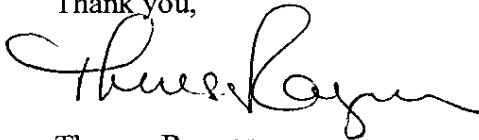
FROM: Theresa Raynor
Office Manager
Advanced Ankle & Foot Centers of Florida
112 W Highland Boulevard
Inverness, FL 34452

RE: 1999 Profit Corporation Annual Report

This letter is to advise the Department that our business did not receive the first notice regarding the annual report filing. Per my conversation with Grace at the Department (850-488-9000) on July 8, 1999, I did not include/pay the \$400.00 late fee, as I did not receive the original notice. The business and mailing address is incorrect as we were last at this address more than nine months ago. I completed the change of address on the report.

I apologize for the delay or any inconvenience. Future annual reports will be filed in a timely manner as I have corrected the place of business address and will receive future notices properly.

Thank you,



Theresa Raynor
Office Manager
Advanced Ankle & Foot Centers of Florida