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).

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Jul 27, 1999 8:00 am
Secretary of State
07-27-1999 90023 016 ***150.00

0128697

DOCUMENT # P98000005638

1. Corporation Name
ADVANCED ANKLE & FOOT CENTERS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3005 S. SYGNET TERRACE INVERNESS FL 34450	3005 S. SYGNET TERRACE INVERNESS FL 34450

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1998

2. Principal Place of Business	2a. Mailing Address
21 112 W Highland Blvd.	26 112 W Highland Blvd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Inverness, FL	28 Inverness, FL
24 Zip 34452 / 25 Country USA	29 Zip 34452 / 30 Country USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CRAMER, CHARLES W 1420 EDGEWATER DR ORLANDO FL 32804	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAYNOR, DAVID B 3005 S. SYGNET TERRACE INVERNESS FL 34450	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/P Raynor, David B. 112 W Highland Blvd. Inverness, FL 34452	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/99)

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 07-12-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

596479-90022-16
P98000056398

Advanced Ankle and Foot Centers of Florida

DATE: July 13, 1999

TO: Whom It May Concern
Department of State
Annual Reports Filing
PO Box 1500
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