## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **P98000005638** ADVANCED ANKLE & FOOT CENTERS OF FLORIDA, INC. 04-27-2001 90346 012 \*\*\*150.00 Principal Place of Business Mailing Address 112 W HIGHLAND BLVD 112 W HIGHLAND BLVD INVERNESS FL 34452 INVERNESS FL 34452 2. Principal Place of Business 3. Mailing Address Highland Blud Highland Blud 108 W. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3492620 1 verness Not Applicable Country \$8.75 Additional Certificate of Status Desired US. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRAMER, CHARLES W Street Address (P.O. Box Number is Not Acceptable) 1420 EDGEWATER DR ORLANDO FL 32804 City Zip Code 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 printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE ☐ Delete TITLE David B. Raynor RAYNOR, DAVID B NAME NAME Highland Blvd 112 W HIGHLAND BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP INVERNESS FL 34452 CITY-ST-ZIP TITLE ☐ Deiete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

THLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

20/0/ 352-726-366

Change

☐ Addition