2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Aug 08, 2001 8:00 am Secretary of State P99000079209 DOCUMENT # 1. Entity Name INDIAN RIVER FOOT & ANKLE, P.A. 08-08-2001 90008 035 ***550.00 Principal Place of Business Mailing Address 13825 U.S. HIGHWAY 1 13825 U.S. HIGHWAY 1 SLITE 1 SUITE 1 TOTAL TOTAL SEBASTIAN FL 32958 SEBASTIAN FL 32958 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE -City & State----City.&:State Applied For 4. FEI Number 65-0950295 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAILE, DAVID J Street Address (P.O. Box Number is Not Acceptable) 13825 U.S. HIGHWAY 1 SUITE 1 SEBASTIAN FL 32958 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible

| (See criteria on back) | | Make Check Payable to Department of State | | I TUST FUND CONTRIBUTION I I Added to Food |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAILE, DAVID J 13825 U.S. HIGHWAY 1, SUITE 1 SEBASTIAN FL 32958 | ☐ Delete | TITLE NAME ' STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
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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.

SIGNATURE:

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SINATURE REDUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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7-24-01

10. Election Campaign Financing

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