

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S95301

1. Entity Name

ANKLE & FOOT CENTER, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90029 020 ***150.00

Principal Place of Business

Mailing Address

2001 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308-0798

2001 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308-4004

2. Principal Place of Business

3. Mailing Address

2430 E Commercial Blvd

2430 E Commercial Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B

B

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHERER, WILLIAM P., DPM
2001 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308

Name

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

2430 E Commercial Blvd, # B

City

FL

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

William P Scherer DPM (William P Scherer DPM)

1-20-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPV
SCHERER, WILLIAM P., DPM
2001 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2430 E Commercial Blvd, #B ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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SCHERER, WILLIAM P., DPM
2001 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
2430 E Commercial Blvd #B ☒ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

William P Scherer DPM (William P Scherer, DPM)

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)