## 2003 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 471306**

FILED Jan 24, 2003 Secretary of State

Entity Name: CORTEZ FOOT & ANKLE SPECIALISTS, P.A.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	TEZ RD. W ON, FL 3420	070098			
Current M	lailing Addre	ess:	New Mailing Addres	ss:	
	TEZ RD. W ON, FL 3420	070098			
FEI Number:	: 59-1575766	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
1800 COR	CHER, MARG TEZ RD W ON, FL 3420				
	named entity e of Florida.	y submits this statement for the	e purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF	RE:				
SIGNATUF		onic Signature of Registered A	gent	Date	
	Electro		gent	Date	
Election Car	Electro	ng Trust Fund Contribution ( ).		Date  BES TO OFFICERS AND DIRECTORS	
Election Car	Electro mpaign Financi S AND DIRE	ing Trust Fund Contribution ( ). CTORS:  ( ) Delete CHARD N Z RD W			
Election Car OFFICERS  Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	Electron Ele	ing Trust Fund Contribution ( ). CTORS: ( ) Delete CHARD N Z RD W I, FL 34207 ( ) Delete HRISTOPHER J Z RD., W	ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTORS	
Election Car OFFICER! Title: Name: Address:	Electron Ele	ing Trust Fund Contribution ( ). CTORS: ( ) Delete CHARD N Z RD W I, FL 34207 ( ) Delete HRISTOPHER J Z RD., W I, FL 34207 ( ) Delete RT D Z RD W	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition	
Election Car OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron Ele	ing Trust Fund Contribution ( ). CTORS: ( ) Delete CHARD N Z RD W J, FL 34207 ( ) Delete HRISTOPHER J Z RD., W J, FL 34207 ( ) Delete RT D Z RD W J, FL 34207 ( ) Delete RT D Z RD W J, FL 34207 ( ) Delete PHILIP J Z RD W	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition  ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD N BERKUN PD 01/24/2003