

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 - 3948 C**

**APPROVED AND FILED**

95 APR 20 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # K34174 (8)**

1. Corporation Name  
**PLAZA PODIATRY ASSOCIATES, P.A.**

Principal Place of Business  
**5432 W. SAMPLE ROAD  
MARGATE FL 33073**

Mailing Address  
**5432 W. SAMPLE ROAD  
MARGATE FL 33073**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/26/1988** 3a. Date of Last Report **04/26/1994**

4. FEI Number **65-0077347** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAYMOND, JOHN J. JR  
1200 N FEDERAL HWY  
SUITE 411  
BOCA RATON FL 33431**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------|---|---|
| TITLE                      | <b>D</b>                  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>TOBMAN, KAREN R.</b>   | 1.2 NAME  |   |
| STREET ADDRESS             | <b>2045 NW 127TH TERR</b> | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>CORAL SPRINGS FL</b>   | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                           | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 2.2 NAME  |   |
| STREET ADDRESS             |                           | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                           | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                           | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 3.2 NAME  |   |
| STREET ADDRESS             |                           | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                           | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                           | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 4.2 NAME  |   |
| STREET ADDRESS             |                           | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                           | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 5.2 NAME  |   |
| STREET ADDRESS             |                           | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                           | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 6.2 NAME  |   |
| STREET ADDRESS             |                           | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                           | 6.4 CITY - ST - ZIP                                   |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

*Karen R. Tobman* (Karen R. Tobman)

4/15/95 305-9795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

9795