

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L36292 (5)

1. Corporation Name
FAMILY PODIATRY GROUP OF TAMPA, P.A.

Principal Place of Business 8428 WEST HILLSBOROUGH AVENUE TAMPA FL 33615	Mailing Address 8428 WEST HILLSBOROUGH AVENUE TAMPA FL 33615
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7926 W Hillsborough Ave 22 Suite G 23 Tampa 24 FL 33615		2a. Mailing Address 25 7926 W Hillsborough Ave 26 Suite G 27 Tampa 28 FL 33615		3. Date Incorporated or Qualified 01/01/1990	
4. FEI Number 59-2981304		5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PAGE, VICKI L. 601 BAYSHORE RD TAMPA FL 33606		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	RICHTER, PAUL A., D.P.M.	1.2 NAME	
STREET ADDRESS	8428 W HILLSBOROUGH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	BURK, MICHAEL P., D.P.M.	2.2 NAME	
STREET ADDRESS	8428 W HILLSBOROUGH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 in an attachment with an affidavit.

SIGNATURE: *Paul Richter* 32998 813886940

CR2E034 (10/97)