

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P94000082059 (4)**
1. Corporation Name
BROWARD PODIATRY ASSOCIATES, P.A.

Principal Place of Business: **4801 HOLLYWOOD BLVD HOLLYWOOD FL 33021**
Mailing Address: **4801 HOLLYWOOD BLVD HOLLYWOOD FL 33021**

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/09/1994**
3a. Date of Last Report:
4. FEI Number: **65-0537745**
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

9. Name and Address of Current Registered Agent
**B & C CORPORATE SERVICES INC
201 S BISCAYNE BLVD
MIAMI CENTER SUITE 3000
MIAMI FL 33131**

10. Name and Address of New Registered Agent
B1 Name:
B2 Street Address (P.O. Box Number is Not Acceptable):
B3
B4 City: **FL** B5 Zip Code:
B6

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 title if applicable) DATE _____ (Typed Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	JACOBSON, GEORGE F DPM
STREET ADDRESS	4801 HOLLYWOOD BLVD
CITY - ST - ZIP	HOLLYWOOD FL 33021
TITLE	D
NAME	SIGAL, BRIAN DPM
STREET ADDRESS	4801 HOLLYWOOD BLVD
CITY - ST - ZIP	HOLLYWOOD FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PET #0	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<i>Geo F Jacobson</i>	
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	VES #0	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<i>Geo F Jacobson</i>	
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 102, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with an address.

SIGNATURE: *Geo F Jacobson* DATE: **4/9/95** (Typed Agent signature required when re-registering)