## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT 1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jul 29 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P94000082059 (4)

BROWARD PODIATRY ASSOCIATES, P.A.

Principal Place	e of <b>Bus</b> iness	Mailing Address			
4801 HOLLYWOOD BLVD		4801 HOLLYWOOD BLVD			
HOLLYWOOD FL 33021		HOLLYWOOD FL 33021		DO NOT WRITE IN THIS SPACE	
			4.0.4	3. Date Incorporated or Qualified	
	_	George F. Tuch	un D/M	11/09/1994	
<b>—</b>	lace of Business	Caprice F. Jurab 20. Malling Address 26 1352 NW W	// D ` a	4. FEI Number	Applied For
21		26 135 LIVIN 10	4 Urive	65-0537745	Not Applicable
Suite, Apt.	*. * S AME	27 (0/91 5 P/109	is, FL	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е - 🗸	City & State	,	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country		ountry.	8. This corporation owes or has paid the o	
24	25   9. Name and Address of Currer	29   550 /   30   nt Registered Apont	4	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes XNo
n o	C CORPORATE SERVICES INC	ir izofistoren Whoris	81 Name	Hame and Addisse of Hear Pagistare	rw ragonit
	S BISCAYNE BLVD				
	AI CENTER SUITE 3000		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	# FL 83131		83		
INITAL	m 1 L <b>9</b> 0101		84 City		85 Zip Code
				F	<b>L</b>
agent. I a	Signature, typed or printed name of registered age	int and title if applicatio (NOTE: Reg	itatutes.  YYPP  Vistered Agent signature requ  3.	ration submits this statement for the purpose of on's board of directors. I hereby accept the application of the purpose of the application of the purpose o	19:196
TITLE	PTD		TITLE		Change Addition
NAME	JACOBSON, GEORGE F DPM		NAME		
STREET ADDRESS	4801 HOLLYWOOD BLVD	1.3	STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	1,4	I CITY-ST-ZIP		
TITLE	VSD	DELETE 2.1	TITLE		Change Addition
NAME	SIGAL, BRIAN DPM	2.2	NAME		
STREET ADDRESS	4801 HOLLYWOOD BLVD	2.3	STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		CITY-ST-ZIP		
TITLE		□ DETCIE	TITLE		Change Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP TITLE			I CITY-ST-ZIP		Change Addition
NAME		C DECETE	NAME		L Change L Addition
STREET ADDRESS		· · ·	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		Change Addition
NAME		<del></del>	NAME		
STREET ADDRESS		5.3	STREET ADDRESS		
CITY-ST-ZIP		5.4	CITY-ST-ZIP		
TITLE		DELETE 6.1	TITLE		Change Addition
NAME		6.2	NAME		· · ·

6.3 STREET ADDRESS

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 of 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 chapted or on shall accurate an address.