

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000020751

FILED  
Apr 26, 2004  
Secretary of State

Entity Name: PODIATRY ASSOCIATES OF FLORIDA, INC.

## Current Principal Place of Business:

3636 UNIVERISTY BLVD S  
BLDG C  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

## Current Mailing Address:

3636 UNIVERISTY BLVD S  
BLDG C  
JACKSONVILLE, FL 32216

## New Mailing Address:

FEI Number: 59-3502544

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADLER, PHILIP DPM  
3636 UNIVERISTY BLVD S  
BLDG C  
JACKSONVILLE, FL 32216 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ADLER, PHILIP DPM  
Address: 3636 UNIVERISTY BLVD S, BLDG C  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: BLEAU, CURTIS DPM  
Address: 1824 BLANDING BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: EFRON, BARRY L DPM  
Address: 2140 KINGLSEY AVE, STE 12  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: LUCAS, ROBERT  
Address: 6483-1 103RD ST  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: TILLO, TIMOTHY  
Address: 11808-2 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete  
Name: YANT, ROBERT  
Address: 1845 UNIVERSITY BLVD N  
City-St-Zip: JACKSONVILLE, FL 32277

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PHILIP F. ADLER

D

04/26/2004

Electronic Signature of Signing Officer or Director

Date

THOMAS P. BRONER  
1361 13TH AVE., S., STE 120  
JACKSONVILLE BEACH, FL 32250