

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J22496

Entity Name: GAINESVILLE PODIATRY ASSOCIATES, P.A.**Current Principal Place of Business:**915 N.W. 56TH TERR.
GAINESVILLE, FL 32605-6408**Current Mailing Address:**915 N.W. 56TH TERR.
GAINESVILLE, FL 32605-6408**FEI Number: 59-2712499****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BERENS, THOMAS A.
915 N.W. 56TH TERR.
GAINESVILLE, FL 32605-6409 US*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**Officer/Director Detail :**

Title	PTD
Name	BERENS, THOMAS A.
Address	915 N.W. 56TH TERR.
City-State-Zip:	GAINESVILLE FL 32605-6408

Title	VP
Name	SCOTT, JOSHUA
Address	915 N.W. 56TH TERR.
City-State-Zip:	GAINESVILLE FL 32605

Title	SD
Name	HEISER, JOHN R.
Address	915 NW 56 TERR
City-State-Zip:	GAINESVILLE FL

I hereby 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 all other like empowered.

SIGNATURE: THOMAS BERENS**PRESIDENT****02/10/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date