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. 03/01/2018

SIGNATURE: THOMAS BERENS

Electronic Signature of Signing Officer/Director Detail

PTD Title VP S, LINDA L. . 56TH TERR. VILLE FL 32605

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:

Title	PTD	Title	VP
Name	BERENS, THOMAS A.	Name	BERENS
Address	915 N.W. 56TH TERR.	Address	915 N.W.
City-State-Zip:	GAINESVILLE FL 32605-6408	City-State-Zip:	GAINES
Title	SD		
Name	HEISER, JOHN R.		
Address	915 NW 56 TERR		

Electronic Signature of Registered Agent

City-State-Zip: GAINESVILLE FL

Officer/Director Detail :

2018 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

Name and Address of Current Registered Agent:

BERENS, THOMAS A. 915 N.W. 56TH TERR. GAINESVILLE, FL 32605-6409 US

PRESIDENT

Date

FILED Mar 01, 2018 Secretary of State CC6199606855

Certificate of Status Desired: No

Date