

**2023 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	Title	VP
Name	BERENS, THOMAS A.	Name	SCOTT, JOSHUA
Address	915 N.W. 56TH TERR.	Address	915 N.W. 56TH TERR.
City-State-Zip:	GAINESVILLE FL 32605-6408	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

04/05/2023

Electronic Signature of Signing Officer/Director Detail

Date