

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000082059

**Entity Name:** BROWARD PODIATRY ASSOCIATES, P.A.

**Current Principal Place of Business:**

3816 HOLLYWOOD BLVD  
SUITE 206  
HOLLYWOOD, FL 33021

**FILED**  
**Jan 15, 2017**  
**Secretary of State**  
**CC0734653592**

**Current Mailing Address:**

JACOBSON, DPM. GEORGE F.  
1000 HILLCREST COURT #106  
HOLLYWOOD, FL 33021 US

**FEI Number: 65-0537745**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

JACOBSON, STEWART  
950 S FEDERAL HWY  
HOLLYWOOD, FL 33020 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	PVT	Title	SD
Name	JACOBSON, GEORGE F DR.	Name	JACOBSON, GEORGE F DR.
Address	3816 HOLLYWOOD BLVD	Address	3816 HOLLYWOOD BLVD
City-State-Zip:	HOLLYWOOD FL 33021	City-State-Zip:	HOLLYWOOD FL 33021

*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: GEORGE F. JACOBSON**

**PVST**

**01/15/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date