

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000020751

**Entity Name:** PODIATRY ASSOCIATES OF FLORIDA, INC.

**Current Principal Place of Business:**

5911 TIMUQUANA ROAD  
UNIT 300  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

5911 TIMUQUANA ROAD  
UNIT 300  
JACKSONVILLE, FL 32210 US

**FEI Number:** 59-3502544

**Certificate of Status Desired:** No

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

BASKIN, JEANNIE  
5911 TIMUQUANA ROAD  
UNIT 300  
JACKSONVILLE, FL 32210 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:** JEANNIE BASKIN

02/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name CESAR, HAROLD  
Address 5911 TIMUQUANA ROAD  
UNIT 300  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR  
Name LAGOUTARIS, EFSTRATIOS D  
Address 1361 13TH AVE SOUTH  
STE 120  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title D  
Name HERBST, BRADLEY  
Address 12276 SAN JOSE BLVD  
STE 606  
City-State-Zip: JACKSONVILLE FL 32223

*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:** HAROLD CESAR

**PARTNER**

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date