

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000020751

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

**Current Principal Place of Business:**

3117 SPRING GLEN RD  
STE 402  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

3117 SPRING GLEN RD  
STE 402  
JACKSONVILLE, FL 32207

**FEI Number: 59-3502544**

**Certificate of Status Desired: No**

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

EFRON, BARRY LDPM  
2140 KINGSLEY AVE  
STE 12  
ORANGE PARK, FL 32073 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 D  
Name EFRON, BARRY L DPM  
Address 2140 KINGLSEY AVE, STE 12  
City-State-Zip: ORANGE PARK FL 32073

Title D  
Name YANT, ROBERT  
Address 1914 SOUTHSIDE BLVD  
City-State-Zip: JACKSONVILLE FL 32246

Title D  
Name CESAR, HAROLD  
Address 6483-1 103RD ST  
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

*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: BARRY EFRON**

**PRESIDENT**

**01/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date