

2014 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:** Yes**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 BLEAU, CURTIS DPM
Address 1824 BLANDING BLVD
City-State-Zip: JACKSONVILLE FL 32210Title D
Name LUCAS, ROBERT
Address 6483-1 103RD ST
City-State-Zip: JACKSONVILLE FL 32210Title D
Name YANT, ROBERT
Address 1914 SOUTHSIDE BLVD
City-State-Zip: JACKSONVILLE FL 32246Title DIRECTOR
Name LAGOUTARIS, EFSTRATIOS D
Address 1361 13TH AVE SOUTH
STE 120
City-State-Zip: JACKSONVILLE BEACH FL 32250Title D
Name EFRON, BARRY LDPM
Address 2140 KINGLSEY AVE, STE 12
City-State-Zip: ORANGE PARK FL 32073Title D
Name TILLO, TIMOTHY
Address 12276 SAN JOSE BLVD, STE 606
City-State-Zip: JACKSONVILLE FL 32223Title DIRECTOR
Name MATEY, MARK A DPM
Address 13241 BARTRAM PARK BLVD
STE 1809
City-State-Zip: JACKSONVILLE FL 32258

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 L EFRON**DIRECTOR****03/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date