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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

ADLER PODIATRY CLINIC, P.A.

FILED
Jan 23 1998 8:00am
Secretary of State

Principal Place of Business   Malling Address   SED CV2   SED CV	NOLLII	1 Oblition Oblino, 1 110				
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ACKSONVILLE FL 32216    ACKSONVILLE FL 32216   ACKSONVILLE FL 32216   A. Date Incorporated or Cualified O8/25/1977   Applicable Sudie. Appl. 4, etc.   28   4. Fl. Namber   Applicable Fee Namber   Ap	3636 UNIVERS	3636 LINIVERSITY BLVD S 3636 LINIVERSITY BLVD S				
2. Date incorporated or Qualified    OBJECT   OBJECT	BLDG C-2 BLDG C-2					DO NOT WRITE IN THE CRACE
2, Principal Place of Business   2a, Mailing Address   4, FEI Number   Applicable For   Not Applicable   21   26   36   36   36   36   36   36   36	JACKSONVILLE FL 32216 JACKSONVILLE FL 32216			3		
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Suite Apt. 6, etc.   Suite A	a Principal P	lace of Rusiness	a. Mailing Address			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sulte, Apt. 4, etc.	<del></del>					
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Zip   Country   Zip   Country   Zip   Country   Zip   Country   Risk corporation owes or has paid the current yeer intangible   Remain   Risk corporation owes or has paid the current yeer intangible   Remain   Risk corporation   Risk corpo	<del></del>					
9, Name and Address of Current Registered Agent  ADLER, PHILIP F 3656 (DNN BLUD SO JACKSONVILLE FL 32216  32  34  34  35  34  35  36  36  37  37  38  38  38  38  38  38  38  38		Country	Zip	Countr	У	This corporation owes or has paid the current year Intangible
ADLER, PHILIP F 3636 UNIV BLVD SO JACKSONVILLE FL 32216  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and the such change with a corporation and the provision is board of directors. I hereby accept the appointment as registered and the such change with a corporation and the provision's board of directors. I hereby accept the appointment as registered of the provision's board of directors. I hereby accept the appointment as registered and the provision's board of directors. I hereby accept the appointment as registered and the provision's board of directors. I hereby accept the appointment as registered and the provision's board of directors. I hereby accept the appointment as registered and the provision's board of directors. I hereby accept the appointment as registered and the provision and the provision's board of directors. I hereby accept the appointment as reg	24			30		
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JACKSONVILE FL 32216  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registerer agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  DP OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  ADLER, PHILIP F  12. NAME  STREET ADDRESS  3636 UNIV BLVD SO  13. STREET ADDRESS  3636 UNIV BLVD SO  14. CITY-51-2P  TITLE  ST DELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ADLER, PHILIP F  22. NAME  33. STREET ADDRESS  34. CITY-51-2P  TITLE  DELETE  31. TITLE  Change Addition  Change Addition  Addition  Addition  ADLER, PHILIP F  22. NAME  32. NAME  33. STREET ADDRESS  CITY-51-2P  TITLE  DELETE  31. TITLE  Change Addition  Change Addition  Addition  ADLER, PHILIP F  33. STREET ADDRESS  CITY-51-2P  TITLE  DELETE  31. TITLE  Change Addition  Change Addition  Addition  ADDITIONS/CHANGES COMMITTED COMMI				81	Name	
BS	1			82	Street Add	iress (P.O. Box Number is Not Acceptable)
A City	JA(	CKSONVILLE FL 32216				
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, are familiar with eobligations of Section 607 0505, Florida Statutes, such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, are familiar with eobligations of Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  DP				83		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, are familiar with eobligations of Section 607 0505, Florida Statutes, such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, are familiar with eobligations of Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  DP				84	City	85 Zip Code
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Synature Pyrede or primited name of registence agent and their deplicable. (NOTE Registence Agent in product required when retinatating)   DATE		in ionina. Hai, and accept the conge	20010 01, CC00011 00 (.0000, 1 N	01,000 0101010	<b>.</b>	
TITLE	SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered Ag	ent signature requi	ired when reinstating) DATE
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DELETE   D	NAME					
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CITY-ST-ZIP  14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	City-St-ZiP	agelfu that the information number	ith this filing does not avoite. f.	6.4 CITY-	ST-ZIP	Section 119 07/3Vi) Florida Statutes I further certifu that the information

indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on a practice 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 in Block 12 or Block 13 if changed, or on a practice of the corporation of