

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90064 027 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F75208

1. Corporation Name

CORTEZ PODIATRY ASSOCIATES, INC.

Principal Place of Business

**1800 CORTEZ RD WEST
BRADENTON FL 34207-0098**

Mailing Address

**1800 CORTEZ RD WEST
BRADENTON FL 34207-0098**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1982

4. FEI Number

59-1575766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**PROVENCHER, MARGARET
1800 CORTEZ RD W
BRADENTON FL 34207**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KATZ, ALAN F 1800 CORTEZ RD W BRADENTON, FL 00000	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD BERKUN, RICHARD N 1800 CORTEZ RD W BRADENTON, FL 00000	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	BERKUN, Richard N
STREET ADDRESS		2.3 STREET ADDRESS	1800 CORTEZ Rd W
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BRADENTON FL 34207
TITLE	STD ADDISON, CHRISTOPHER J 1800 CORTEZ RD W. BRADENTON FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	ADDISON, Christopher J
STREET ADDRESS		3.3 STREET ADDRESS	1800 CORTEZ Rd W
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BRADENTON FL 34207
TITLE	D KATZ, ROBERT D 1800 CORTEZ ROAD W BRADENTON FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	KATZ, Robert D
STREET ADDRESS		4.3 STREET ADDRESS	1800 CORTEZ Rd W
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BRADENTON FL 34207
TITLE	D BALDINGER, PHILIP J 1800 CORTEZ RD W BRADENTON FL 34207	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Baldinger, Philip J
STREET ADDRESS		5.3 STREET ADDRESS	1800 CORTEZ Rd W
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BRADENTON, FL 34207
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard N Berkun 2/25/99 (941) 758-8818

Date

Daytime Phone #

CR2E034 (11/98)