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95 MAY - 1 PM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J22496** (0)

1. Corporation Name
GAINESVILLE PODIATRY ASSOCIATES, P.A.

Principal Place of Business
**915 N.W. 56TH TERR.
GAINESVILLE FL 32605-6408**

Mailing Address
**915 N.W. 56TH TERR.
GAINESVILLE FL 32605-6408**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/07/1986** 3a. Date of Last Report **03/29/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2712499

Applied For
 Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip Country

29 Zip Country

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERENS, THOMAS A.
915 N.W. 56TH TERR.
GAINESVILLE FL 32605-6409**

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 assumed when missing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT**
NAME **BERENS, THOMAS A.**
STREET ADDRESS **915 N.W. 56TH TERR.**
CITY - ST - ZIP **GAINESVILLE FL**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **S**
NAME **BERENS, LINDA L.**
STREET ADDRESS **915 N.W. 56TH TERR.**
CITY - ST - ZIP **GAINESVILLE FL**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **HEISER JOHN R (VICE PRES)**
NAME
STREET ADDRESS **915 NW 56 TERR**
CITY - ST - ZIP **GAINESVILLE FL**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and correct and equally for the exemption stated in Section 110.07(3)(b), 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 checked, as an attachment with this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/16/95** 9:41
Typed Name **331-4753**