

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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90062 014 \*\*\*150.00

0061973

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # J22496**

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**

4. FEI Number  
**59-2712499**

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

25 Country

29 Zip

30 Country

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE  Change  Addition  
 1.2 NAME **D**  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

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

2.1 TITLE  Change  Addition  
 2.2 NAME **D**  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **VP**  DELETE  
 NAME **HEISER, JOHN R.**  
 STREET ADDRESS **915 NW 56 TERR**  
 CITY-ST-ZIP **GAINESVILLE FL**

3.1 TITLE  Change  Addition  
 3.2 NAME **D**  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE **VP**  DELETE  
 NAME **BAGGETT, DEBRA**  
 STREET ADDRESS **915 NW 56 TERR**  
 CITY-ST-ZIP **GAINESVILLE FL**

4.1 TITLE  Change  Addition  
 4.2 NAME **VP D**  
 4.3 STREET ADDRESS **BAGGETT - DEBRA**  
 4.4 CITY-ST-ZIP **915 NW 56 TERR GAINESVILLE FL**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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: **T. A. BERENS** 1/10/99 352 331-4333  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)