

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J22496

FILED
Feb 01, 2005
Secretary of State

Entity Name: GAINESVILLE PODIATRY ASSOCIATES, P.A.

Current Principal Place of Business:

915 N.W. 56TH TERR.
GAINESVILLE, FL 326056408

New Principal Place of Business:

Current Mailing Address:

915 N.W. 56TH TERR.
GAINESVILLE, FL 326056408

New Mailing Address:

FEI Number: 59-2712499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERENS, THOMAS A.
915 N.W. 56TH TERR.
GAINESVILLE, FL 326056409 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BERENS, THOMAS A.,
Address: 915 N.W. 56TH TERR.
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: BERENS, LINDA L.,
Address: 915 N.W. 56TH TERR.
City-St-Zip: GAINESVILLE, FL

Title: SD () Delete
Name: HEISER, JOHN R.
Address: 915 NW 56 TERR
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS A BERENS

DR

02/01/2005

Electronic Signature of Signing Officer or Director

_____ Date