

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J22496

FILED
Jan 04, 2011
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

OFFICERS AND DIRECTORS:

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS A BERENS

P

01/04/2011

Electronic Signature of Signing Officer or Director

Date