### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

**DIVISION OF CORPORATIONS** 

## DOCUMENT #

1. Corporation Name

#### NORTHWEST BROWARD PODIATRY ASSOCIATES P.A.

Principal Place of Business

Mailing Address

2825 N° STATE BOAD 7

2825 N. STATE ROAD 7

on this application is true and accurate, and my eignature shall have the same legal effect as if made under oath.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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					nd enter correction below.				
				ling Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/08/1988			
Suite, Apt. #, etc. Suite, Apt.				, etc.		5. FEI Number Applied For			
City & State City &								Not Applicable	
Zip		Country	Zip		Country	6. CERTIFICATE		5 Additional Fee required r a Certificate of Status	
7. Names	and Street Add	dresses of Each Officer a	nd/or Director (Flo	rida nonprofi	t corporations must list at lea	ast 3 directors)	1		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
Р	LIEBERMAN, JAY A DPM			2825 N STATE RD 7 #203			MARGATE FL 33063		
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8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
	·			•	Name				
LIEBERMAN, JAY A DPM 2825 W STATE RD 7					Street Address (P.O. Box Number is Not Acceptable)				
#203				Suite, Apt. #, Etc.					
MARGATE FL 33063				City			State FL	Zip Code	
10. I, being Signature o Registered	1 .)		above named corporation		amiliar with and accept the o  のUIRED  SIGN	bligations of Secti		-01	
this rein	statement app	olication, the reason for di	ssolution has been	eliminated, i	the corporate name satisfies	the requirements	upter 607 or 617, F.S. I further of section 607.0401 or 617.04 der section 119.07(3)(i), F.S. T	01, F.S., that all fees	

# NORTHWEST BROWARD PODIATRY ASSOCIATES, P.A. JAY A. LIEBERMAN, D.P.M., F.A.C.F.S.

Diplomate American Board of Podiatric Surgery

Diseases of the Foot and Leg

2825 N. State Rd. 7 Suite 203 Margate, Florida 33063 (954) 975-2007 Fax (954) 979-2958

Central Medical Plaza 9750 N.W. 33rd St. Suite 216 Coral Springs, Florida 33065 (954) 753-7970

October 16, 2001

Florida Department of State Attention: Katherine Harris Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE:

Northwest Broward Podiatry Associates

Dr. Jay Lieberman Tax ID# 65-0083604 Document#K43938

Dear Ms. Harris,

Enclosed please find our annual renewal fee for \$150 along with the signed form. I did not receive prior mailings from you. My office is located on a large Hospital campus with several separate medical buildings and we unfortunately experience many problems with our mail delivery. There is an orthopedic group with a very similar corporate name, "Northwest Orthopedic Associates", which is on our same floor and may have received this in error. It may be helpful if future mailings are sent "in care of" Dr. Jay Lieberman.

Thank you for your consideration.

Sincerely,

Jay Liebenman, DMM, F