2000 UNIFORM BUSINESS REPORT (UBR)

0009476 AF

DOCUMENT # L98000003486

1. Entity Name

SWF ASSOCIATES IN PODIATRIC MEDICINE & SURGERY,

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 10 AM 9:29

Principal Place of Business	Mailing Address
9371-14 CYPRESS LAKE DRIVE FT MYERS FL 33919	9371-14 CYPRESS LAKE DRIVE FT MYERS FL 33919-4995

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0895895 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHARARA, HUSNI A 9371-14 CYPRESS LAKE DRIVE FT MYERS FL 33919	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM H.A. CHARARA DPM, PA 9317-14 CYPRESS LAKE DRIVE FT MYERS FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800003144298--3 -02/23/00--01034--012 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GORDON J. KLEINPELL DPM, PA 60 WESTMINSTER ST., SUITE F LEHIGH ACRES FL 33936	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	mf 2/22/00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RALPH L LERMAN DPM, PA 4901 PALM BEACH BLVD EAST FT MYERS FL 33916	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RICARDO P. MARIBONA DPM, PA 9371-14 CYPRESS LAKE DRIVE FT MYERS FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM John W. Mina DPM, PA 88-2 Pine Island Rd. N. Ft. Myers, FL 33903	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/99)

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X SIGNATURE REQUIRED 2-4-00 (941) 936-2723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #