FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

I am an officer or director appears in Block 12 or Block

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 21 1997 8:00am

A RECEPTION CON TRAIN COME MAIN CREAT CHARLE COME COME COME COME AND A COME COME.

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N34063

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PODIATRY ASSOCIATES OF NORTH FLORIDA, INC.

Country Coun	No Agent
36.56 UNIVERSITY BLVD. SO., STE. C-2 JACKSONVILLE FL 32216 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 2. Principal Place of Business 2. Suite, Apt. #, etc. 3. Date Incorporated or Qualified (9/07/1989) 4. FEI Number 59-296814 5. Certificate of Status Desired 59-296814 7. Country 7. Suite, Apt. #, etc. 7. Suite, Apt. #, etc. 8. Election Campaign Financing Trust Fund Contribution 7. Suite, Apt. #, etc. 8. This corporation has fiability for intangible Florida Statutes 7. Yes 7. Suite, Apt. #, etc. 9. Name and Address of Current Registered Agent 7. Suite, Apt. #, etc. 9. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent 9. Street Address (P.O. Box Number is Not Acceptable) 9. Suite C-2 JACKSONVILLE FL 32216 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of 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 appagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees at ax under s. 199.032, No Agent
2. Principal Place of Business 2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. Suite, Apt. #, etc. 2. City & State City & State City & State Country Zip Country Zip Country 3. Date Incorporated or Qualified O9/07/1989 4. FEI Number 59-2966814 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution Trust Fund Contributio	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees at ax under s. 199.032, No Agent
25 Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country Zip Country 3, Name and Address of Current Registered Agent ADLER, PHILIP F. 3636 UNIVERSITY BLVD. SOUTH SUITE C-2 JACKSONVILLE FL 32216 26 Suite, Apt. #, etc. Suit	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Itax under s. 199.032, No Agent
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Zip Country Zip Country Sign Country Sign Country Sign Country Sign Sign Sign Sign Sign Sign Sign Sign	Added to Fees tax under s. 199.032, No Agent
24 25 29 30 Florida Statutes Yes 29 30 Florida Statutes Yes 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ADLER, PHILIP F. 3636 UNIVERSITY BLVD. SOUTH SUITE C-2 JACKSONVILLE FL 32216 82 Street Address (P.O. Box Number is Not Acceptable) 81 City FL 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of 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 apparagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	No Agent
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	f changing its registered pointment as registered
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	
TITLE D DELETE 1.1 TITLE	Change Addition
NAME ADLER, PHILIP F. 12 NAME	
STREET ADDRESS 3636 UNIVERSITY BLVD. S. CITY-ST-ZIP JACKSONVILLE FL 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
CITY-ST-ZIP JACKSUNVILLE PL 1.4 CITY-ST-ZIP TITLE D DELETE 2.1 TITLE	☐ Change ☐ Addition
NAME BLEAU, CURTIS 22 NAME	
STREET ADDRESS 4204 BLANDING BLVD 2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 2.4 CITY-ST-ZIP	
TITLE D DELETE 3.1 TITLE	Change Addition
NAME BRONER, THOMAS 32 NAME	
STREET ADDRESS 333 4TH AVE N 3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE JACKSONVILLE BCH FL 34. CITY-ST-ZIP DELETE 4.1 TITLE	Acres 1 August
_ · · · · · · · · · · · · · · · · · · ·	Change Addition
NAME STREET ADDRESS 4.3 STREET ADDRESS	
STREET ADDRESS 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE	Change Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	☐ Change ☐ Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	

14. I do 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 of t

on an attachment with an address.