

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34063

1. Entity Name

PODIATRY ASSOCIATES OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O PHILIP F. ADLER  
3636 UNIVERSITY BLVD. SO.. STE. C-2  
JACKSONVILLE FL 32216

C/O PHILIP F. ADLER  
3636 UNIVERSITY BLVD. SO.. STE. C-2  
JACKSONVILLE FL 32216-4224

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

59-2966814

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ADLER, PHILIP F.  
3636 UNIVERSITY BLVD. SOUTH  
SUITE C-2  
JACKSONVILLE FL 32216

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ADLER, PHILIP F.  
3636 UNIVERSITY BLVD. S.  
JACKSONVILLE FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BLEAU, CURTIS  
4204 BLANDING BLVD  
JACKSONVILLE FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BRONER, THOMAS  
333 4TH AVE N  
JACKSONVILLE BCH FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 or supplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90052 013 \*\*\*\*61.25

C0004238



DO NOT WRITE IN THIS SPACE

1/5/2000

904-731-1711