FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000000005 (8)**

1. Corporation Name

FLORIDA PODIATRIC INDEPENDENT PRACTICE ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
2323 CURLEW RD SUITE 7E PALM HARBOR FL 34683	2323 CURLEW RD SUITE 7E PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3230230	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

ABERNATHY, MARK
2323 CURLEW RD
SUITE 7E
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (If not Registered Agent, signature required after name/date) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	PORT, MARTIN	12 NAME	BERENS, THOMAS	
STREET ADDRESS	4311 SYLVAN RAMBLE	13 STREET ADDRESS	915 N.W. 56th Terrace	
CITY ST ZIP	TAMPA FL 33609	14 CITY ST ZIP	Gainesville, FL 32605	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	LIEBERMAN, JAY A	22 NAME	MARINO, KENNETH	
STREET ADDRESS	7401 DOVER LN	23 STREET ADDRESS	1800 S.E. 17th St., #601	
CITY ST ZIP	PARKLAND FL 33067	24 CITY ST ZIP	Ocala, FL 34471	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	POPPER, DONALD J	32 NAME	FRIMMEL, ROBERT	
STREET ADDRESS	801 CARAWAY CT	33 STREET ADDRESS	1921 Waldemere St., #613	
CITY ST ZIP	WELLINGTON FL 33467	34 CITY ST ZIP	Sarasota, FL 34239	
TITLE	T	41 TITLE	TD	☒ Change ☐ Addition
NAME	GUIDICE-TELLER, ROBERTA	42 NAME	STRICKLAND, JOSEPH	
STREET ADDRESS	2244 NW 9 PL	43 STREET ADDRESS	225 2nd Ave. N.	
CITY ST ZIP	GAINESVILLE FL 32605	44 CITY ST ZIP	St. Petersburg, FL 33701	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/10/95
(SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER) (Date) (Daytime Phone #)
Thomas Berens, D.P.M., President

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