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Apr 25 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N94000000005 (8)

1. Corporation Name

FLORIDA PODIATRIC INDEPENDENT PRACTICE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2323 CURLEW RD  
SUITE 7E  
PALM HARBOR FL 34883

2323 CURLEW RD  
SUITE 7E  
PALM HARBOR FL 34883-6832



3. Date Incorporated or Qualified  
12/22/1993

3a. Date of Last Report  
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABERNATHY, MARK  
2323 CURLEW RD  
SUITE 7E  
PALM HARBOR FL 34883

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BERENS, THOMAS  
STREET ADDRESS 915 N W 56TH TERRACE  
CITY-ST-ZIP GAINSVILLE FL

TITLE VD  
NAME MARINO, KENNETH  
STREET ADDRESS 1800 S E 17TH ST., #601  
CITY-ST-ZIP OCALA FL

TITLE SD  
NAME FRIMMEL, ROBERT  
STREET ADDRESS 1021 WALDEMERE ST., #613  
CITY-ST-ZIP SARASOTA FL

TITLE TD  
NAME STRICKLAND, JOSEPH  
STREET ADDRESS 225 2ND AVE N  
CITY-ST-ZIP ST PETERSBURG FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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.

Kenneth Marino

252-2512275

CR2E037 (9/96)