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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000005

1. Corporation Name

FLORIDA PODIATRIC INDEPENDENT PRACTICE ASSOCIATI
ON, INC.

Principal Place of Business

2323 CURLEW RD
SUITE 7E
PALM HARBOR FL 34683

Mailing Address

2323 CURLEW RD
SUITE 7E
PALM HARBOR FL 34683



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/22/1993

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

9. Name and Address of Current Registered Agent

JACOBSON, CHARLES
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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD ☒ DELETE
NAME BERENS, THOMAS
STREET ADDRESS 915 N W 50TH TERRACE
CITY-ST-ZIP GAINESVILLE FL

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

TITLE D ☒ DELETE
NAME FRIMMEL, ROBERT
STREET ADDRESS 1921 WALDEMERE ST., #613
CITY-ST-ZIP SARASOTA FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Frederick Pearl
1.3 STREET ADDRESS 685 Palm Springs Dr., Suite 2C
1.4 CITY-ST-ZIP Altamonte Springs, FL 32701 ☒ Change ☐ Addition

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

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME Michael Price
3.3 STREET ADDRESS 16251 N. Cleveland Av., #8
3.4 CITY-ST-ZIP Ft. Myers, FL 33903 ☐ Change ☒ Addition

4.1 TITLE TD ☐ Change ☒ Addition
4.2 NAME Paul Richter
4.3 STREET ADDRESS 7926 W. Hillsborough Ave., #G
4.4 CITY-ST-ZIP Tampa, FL 33615

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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0072112

CR2E037-11/198