FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

'95 MAY -1 AM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000029496 (5)

1. Corporate Name
ROCKEFELLER PODIATRY ASSOCIATES, INC.

Principal Office Address
210 JUPITER LAKES BLVD
BUILDING 3000, SUITE 102
JUPITER FL 33458

Mailing Address
210 JUPITER LAKES BLVD
BUILDING 3000, SUITE 102
JUPITER FL 33458

(Document Number of Corporation)

3. Date of Incorporation: 04/19/1993
3a. Date of Last Report: 07/07/1994

21 2. FEI Number: 65-0423273
Applied For
Not Applicable

22 Principal Address
23 City & State
24 Zip Code
25 County

26 Mailing Address
27 Mailing Address
28 City & State
29 Zip Code
30 County

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. Is the corporation a limited partnership as defined by s. 620.103, Florida Statutes? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

ROCKEFELLER, JEFFREY J
210 JUPITER LAKES BLVD.
BUILDING 3000, SUITE 102
JUPITER FL 33458

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. The principal place of business and mailing address must be the same as the current principal place of business and mailing address of the corporation registered with the Florida Department of State, unless all changes are properly reported. Please see the instructions for additional information.

12. Officer/Director Name(s) and Address(es)

D
ROCKEFELLER, JEFFREY J
210 JUPITER LAKES BLVD., S-102
JUPITER FL 33458

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

Change [ ] Addition [ ]
Change [ ] Addition [ ]
Change [ ] Addition [ ]
Change [ ] Addition [ ]
Change [ ] Addition [ ]
Change [ ] Addition [ ]

14. To the best of my knowledge, the information contained herein is true and accurate. I further certify that I am familiar with and authorize the execution of this report in accordance with Florida Statutes. I further certify that the corporation has paid all fees due to the Department of State that are identified for payment herein, and that my name appears above, or on an attachment with an asterisk, as an officer or director of the corporation.

SIGNATURE: 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — DATE

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