

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000044074 (1)

1. Corporation Name

SHOEMAKER AND ZWICK PODIATRY ASSOCIATES, P.A.



Principal Place of Business

Mailing Address

1380 NE MIAMI GARDENS DR.
STE 290
NORTH MIAMI BCH FL 33179
US

3530 MYSTIC POINT DRIVE
SUITE 3007
AVENTURA FL 33180
US

3. Date Incorporated or Qualified

06/21/1993

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 1321 NW 14th Street

26 1321 NW 14th Street

4. FEI Number

65-0419757

Applied For

Not Applicable

22 Suite, Apt. #, etc.

22 Suite 103

Suite, Apt. #, etc.

27 Suite 103

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 ☐ No

23 City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

24 Zip

24 33125

Country

25 DADE

Zip

29 33125

Country

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZWICK, THOMAS G.
3530 MYSTIC POINTE DR.
APT. 3007
AVENTURA FL 33180

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

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

(NOTE: Registered Agent's signature required when reappointing)

4/1/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
STREET ADDRESS SHOEMAKER, MELINDA
CITY-ST-ZIP 1380 NE MIAMI GARDENS DR, #290
NORTH MIAMI BCH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☒ Change ☐ Addition

Shoemaker, Melinda
1321 NW 14th Street Suite 103
MIAMI, FL 33125

TITLE ☐ DELETE

NAME D
STREET ADDRESS ZWICK, THOMAS G
CITY-ST-ZIP 1380 NE MIAMI GARDENS DR, #290
NORTH MIAMI BCH FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

Zwick, Thomas
1321 NW 14th St Suite 103
MIAMI, FL 33125

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas G. Zwick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 (305) 326.3338
Daytime Phone #

CR2E034 (12/95)