

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Myrland
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000013015 (0)

1. Corporation Name

HOME PODIATRY CARE, INC.

Principal Place of Business

Mailing Address

5005 W. ATLANTIC AVE.
DELRAY BEACH FL 33445

5005 W. ATLANTIC AVE.
DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/14/1994

2. Principal Place of Business

2a. Mailing Address

21 1858 N.E. JENSEN BEACH BLVD.

27 1858 NE Jensen Beach Blvd.

4. FEI Number

65-047 8039

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Jensen Beach, FL

28 Jensen Beach, FL

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 34957

Country

25 USA

Country

29 34957

Country

30 USA

8. This corporation has liability for intangible tax under S. 199.032

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINGROVE, DAVID G
2149 DISCOVERY CIRCLE WEST
POMPANO BEACH FL 33804

81 Name

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

83

84 City

Russell Blatstein

1858 N.E. Jensen Beach Blvd

Jensen Beach

FL

85 Zip Code

34957

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 agent 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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WINGROVE, DAVID G
STREET ADDRESS 2149 DISCOVERY CIRCLE WEST
CITY - ST - ZIP POMPANO BEACH FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE VD
NAME BLATSTEIN, RUSSELL M
STREET ADDRESS 1858 N.E. JENSEN BEACH BLVD.
CITY - ST - ZIP JENSEN BEACH FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VD
NAME GOLDBAUM, IAN S
STREET ADDRESS 5005 W. ATLANTIC AVE.
CITY - ST - ZIP DELRAY BEACH FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/95

Date

Dayton Hayes #