

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P94000023763 (3)**

1. Corporation Name

**CURTIS M. BLEAU, D.P.M. AND ASSOCIATES, P.A.**

Principal Place of Business

**4204 BLANDING BLVD  
JACKSONVILLE FL 32257**

Mailing Address

**4204 BLANDING BLVD  
JACKSONVILLE FL 32210-5421**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

26. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

**03/24/1994**

3a. Date of Last Report

**02/05/1996**

4. FEI Number

**59-3241639**

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

☐ No

9. Name and Address of Current Registered Agent

**HAIRE, BENJAMIN H  
5100 W COPANS RD  
SUITE 1000  
MARGATE FL 33063**

10. Name and Address of New Registered Agent

81 Name

**CURTIS M. BLEAU, D.P.M.**

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

**4204 BLANDING BLVD**

83

84 City

**JACKSONVILLE**

**FL**

85 Zip Code

**32210**

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

*Curtis M. Bleau DPM*

**CURTIS M. BLEAU, D.P.M.**

**4-7-97**

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 ☐ DELETE  
NAME **BLEAU, CURTIS M DPM**  
STREET ADDRESS **10831 LOSCO JUNCTION DR**  
CITY- ST- ZIP **JACKSONVILLE FL 32257**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 ☐ Change ☒ Addition  
1.2 NAME **T**  
1.3 STREET ADDRESS **CURTIS M. BLEAU, DPM**  
1.4 CITY- ST- ZIP **10831 LOSCO JUNCTION DR**  
**JACKSONVILLE, FL 32257**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **S**  
2.3 STREET ADDRESS **SARAH S. BLEAU**  
2.4 CITY- ST- ZIP **10831 LOSCO JUNCTION DR**  
**JACKSONVILLE, FL 32257**

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Curtis M. Bleau DPM*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-7-97 (904) 771-9072**

Date

Daytime Phone #

CR2E034 (9/96)