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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 15 1997 8:00am
Secretary of State

DOCUMENT # **P94000047899 (7)**

1. Corporation Name

WASSERMAN PODIATRY ASSOCIATES, P.A.



Principal Place of Business

**2210 WEST ATLANTIC AVENUE
DELRAY BEACH FL 33445**

Mailing Address

**2210 WEST ATLANTIC AVENUE
DELRAY BEACH FL 33445-4837**

2. Principal Place of Business

21 **5087 Coronado Ridge** 26 **5087 Coronado Ridge**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Boca Raton FL** 28 **Boca Raton FL**

Zip

Country

Zip

Country

24 **33486**

25

29 **33486**

30

g. Name and Address of Current Registered Agent

**WASSERMAN, ROBERT K DPM
2210 WEST ATLANTIC AVENUE
DELRAY BEACH FL 33445**

81 Name

Wasserman, Robert K. DPM

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

5087 Coronado Ridge

83

84 City

Boca Raton

FL

85 Zip Code

33486

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

Robert K. Wasserman

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WASSERMAN, ROBERT K**
CITY - ST - ZIP **2210 WEST ATLANTIC AVENUE
DELRAY BEACH FL 33445**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 **Wasserman, Robert K.**
1.3 STREET ADDRESS **5087 Coronado Ridge**
1.4 CITY - ST - ZIP **Boca Raton, FL 33486**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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:

Robert K. Wasserman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Robert K. Wasserman, DPM)

Date

Daytime Phone #

4/9/97 (561-394-9638)

CR2E034 (9/96)