FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
~~1995~~ 1996

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

DOCUMENT # P94000066707

1. Corporation Name
GERMAN PODIATRIC INC

Principal Place of Business
3400 S. TAMIAMI
SARASOTA, FL 34239

Mailing Address
3400 S. TAMIAMI
SARASOTA, FL 34239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 9/12/94
3a. Date of Last Report: 5/95
4. FEI Number: 65-0520036 — Applied For / Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

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
~~PETER J JAENSCH~~
~~3400 S. TAMIAMI~~
~~SARASOTA, FL 34239~~

10. Name and Address of New Registered Agent
81 Name: JAMES AMBURN
82 Street Address (P.O. Box Number is Not Acceptable): C/O EURO-AMERICAN FINANCIAL
83 5121 CASTELLO #2
84 City: NAPLES FL 85 Zip Code: 33940

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: James W Amburn — JAMES W AMBURN — 4/3/96
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating! — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres	1.1 TITLE	☐ Change ☐ Addition
NAME	DR. GERHARD FLEISCHNER	1.2 NAME	
STREET ADDRESS	3919 SE 9TH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33904	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DR. IRIS FLEISCHNER	2.2 NAME	
STREET ADDRESS	3919 SE 9TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33904	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	700001808327 ☐ Change ☐ Addition
NAME		5.2 NAME	-05/06/96--01016--042
STREET ADDRESS		5.3 STREET ADDRESS	***200.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	5/1/96
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 attached sheet if addition or change is made.

SIGNATURE: Dr. Gerhard Fleischner — FLEISCHNER — Pres — 4-3-96 — 941-649-1152
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #