SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -8 AM 10:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000082479 (4)**

1. Corporation Name

FOOT SPECIALISTS OF ST. LUCIE WEST, INC.

Principal Place of Business	Mailing Address
1430 ST LUCIE WEST BLVD PT ST LUCIE FL 34986	1430 ST LUCIE WEST BLVD PT ST LUCIE FL 34986

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/07/1994** | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

(24) (25) (29) (30)

4. FEI Number: 593278161 | 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 is initially incorporated for profit (Florida Statutes) ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KLEIN, STUART B
1551 FORUM PL
SUITE 400B
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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 Section 607.0502 and 607.1308, 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 (If changing Registered Agent, Registered Agent must sign) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: GARVIN, MICHAEL A STREET ADDRESS: 1791 PORT ST LUCIE BLVD CITY, ST, ZIP: PORT ST LUCIE FL 34953	☐ Change ☐ Addition
TITLE: D NAME: KALISH, KEITH J STREET ADDRESS: 4909 S US ONE CITY, ST, ZIP: FT PIERCE FL 34982	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

14. To the best of my knowledge, the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 with an address, with an asterisk, or is indicated as newly elected.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (3/95)

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