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FILED
May 28 1998 8:00am
Secretary of State

CORPORATION
ANNUAL REPORT
1998

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



DOCUMENT # P9500000 5740
1. Corporation Name
MIAMI PODIATRY GROUP INC

Principal Place of Business Mailing Address

871 NE 195TH ST #203
N MIAMI BCH FL 33124

GERSTLE & ROSEN & ASSOC
19495 DISCANE CND #205
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	11/30/94	1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0538074	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28		
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes ☒ No ☐

8. Name and Address of Current Registered Agent

STEADMAN GERSHBERN ESQ
3185 SW 8TH ST
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	☐ Change ☐ Addition	
NAME	1.2 NAME		
STREET ADDRESS	1.3 STREET ADDRESS		
CITY-ST-ZIP	1.4 CITY-ST-ZIP		
TITLE	2.1 TITLE	☐ Change ☐ Addition	
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-ST-ZIP	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	☐ Change ☐ Addition	
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE	6.1 TITLE	☐ Change ☐ Addition	
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	6.4 CITY-ST-ZIP		

PRES
DARYL GERSHBERN
3847 NE 168TH ST #5C
N MIAMI BCH FL 33160

200002541142
-05/29/98--01084--045
***150.00

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 1, of Block 1, if it changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 4/21/98 DAYTIME PHONE: 305-9370466