SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
Jul 21 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 # P95000033102 (1)

1. Corporation Name
POMPANO FOOT CARE ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
ONE NORTHEAST 23RD AVENUE POMPANO BEACH FL	ONE NORTHEAST 23RD AVENUE POMPANO BEACH FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1995	3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0573319	☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 ~~3497 Derby Ln~~	26 3497 Derby Lane
Suite, Apt. #, etc. 22 ~~Ft Lauderdale~~	Suite, Apt. #, etc. 27 Ft Lauderdale
City & State 23 ~~Florida~~	City & State 28 Fl
Zip / Country 24 ~~33331~~ / 25 ~~Broward~~	Zip / Country 29 33331 / 30 Broward

9. Name and Address of Current Registered Agent

WEISSMAN, HAROLD
1776 PINE ISLAND RD.
SUITE 118
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name: Eileen Iverson Rolnick, D.P.M.
82 Street Address (P.O. Box Number is Not Acceptable): 3497 Derby Lane
83: Fort Lauderdale
84 City: Fl — FL — 85 Zip Code: 33331

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: ~~E Rolnick, DPM~~ Eileen Rolnick DPM — 7/16/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MUNIS, LORI S	1.2 NAME	
STREET ADDRESS	ONE N.E. 23RD AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	P ☒ Change ☐ Addition
NAME	IVERSON-ROLNICK, EILEEN	2.2 NAME	Iverson Rolnick, Eileen
STREET ADDRESS	ONE NE 23RD AVE	2.3 STREET ADDRESS	3497 Derby Ln
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	Ft Lauderdale Fl 33331
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (4/97)

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: ~~E Rolnick, DPM~~ Eileen Rolnick DPM — 7/16/97 — (954)941-2245