

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90020 013 \*\*\*150.00

DOCUMENT # **P95000046752 (8)**

**SEMINOLE PODIATRY CENTER, P.A.**

Principal Place of Business Mailing Address  
**7178 SEMINOLE BLVD.**  
**SEMINOLE FL 33772**  
**7178 SEMINOLE BLVD.**  
**SEMINOLE FL 33772**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/12/1995</b>	
4. FEI Number <b>59-824540</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>O'CONNOR, PATRICK M ESQ.</b> <b>C/O PATEL, MOORE &amp; O'CONNOR, P.A.</b> <b>18167 U.S. HIGHWAY 19 NORTH, SUITE 150</b> <b>CLEARWATER FL 34624</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		<b>FL</b>	85 Zip Code

I, **PATRICK M O'CONNOR**, being duly sworn, depose and say that the foregoing is a true and correct copy of the annual report of the above-named corporation, and that the same was authorized by the board of directors of the corporation, and that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	<b>DR. GOLDSTEIN, ROBERT J</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>7178 SEMINOLE BLVD.</b>	1.3 STREET ADDRESS	
	<b>SEMINOLE FL 33772</b>	1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		2.1 TITLE	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.06, 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 \_\_\_\_\_  
**DR. GOLDSTEIN, ROBERT J**  
**5/24/99 (77) 393-4377**

CR2E034 (10/97)