FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

APPROVED AND FILED

1997 JUL 14 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000054802 (0)**

1. Corporation Name
PODIATRY CENTERS OF AMERICA, INC.

Principal Place of Business
1301 RIVERPLACE BLVD SUITE 1609
JACKSONVILLE FL 32207

Mailing Address
1301 RIVERPLACE BLVD SUITE 1609
JACKSONVILLE FL 32207-9072

3. Date Incorporated or Qualified: 07/12/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 2110 Park Place
Suite, Apt. #, etc. 22
City & State 23 Ponte Vedra Beach, Fl.
Zip 24 32082 Country 25 U.S.

2a. Mailing Address
26 2110 Park Place
Suite, Apt. #, etc. 27
City & State 28 Ponte Vedra Beach, Fl
Zip 29 32082 Country 30 U.S.

4. FEI Number 59-3374476 APPLIED FOR ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
PEEK, EUGENE G III
1301 RIVERPLACE BLVD SUITE 1609
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name: WILLIAM TARBART
82 Street Address (P.O. Box Number is Not Acceptable): 2110 PARK PLACE
83 ~~JACKSON~~
84 City: PONTE VEDRA BEACH FL 85 Zip Code: 32082

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: WILLIAM TARBART — 4-30-97
Signature and/or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP CEO	☐ DELETE
NAME	POLISNER, RICHARD L	
STREET ADDRESS	~~1301 RIVERPLACE BLVD SUITE 1609~~ 2110 PARK PLACE	
CITY-ST-ZIP	~~JACKSONVILLE FL 32207~~ PONTE VEDRA BEACH, FL 32082	
TITLE	~~S~~	☑ DELETE
NAME	~~PEEK, EUGENE G.~~	
STREET ADDRESS	~~1301 RIVERPLACE BLVD SUITE 1609~~	
CITY-ST-ZIP	~~JACKSONVILLE FL 32207~~	
TITLE	President	☐ DELETE
NAME	WILLIAM TARBART	
STREET ADDRESS	2110 PARK PLACE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	200002239972--7	
1.3 STREET ADDRESS	-07/16/97--01099--012	
1.4 CITY-ST-ZIP	****165.00 ****165.00	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

7/16/97

CR2E034 (9/96)

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: WILLIAM P. TARBART 4-30-97 285-0045