FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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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	Mailing Address
1301 RIVERPLACE BLVD SUITE 1609 JACKSONVILLE FL 32207	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
22: Suite, Apt. #, etc.
23: Ponte Vedra Beach, Fl.
24: Zip 32082
25: Country U.S.

2a. Mailing Address
26: 2110 Park Place
27: Suite, Apt. #, etc.
28: Ponte Vedra Beach, Fl
29: Zip 32082
30: Country 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: [signature] WILLIAM TARBART 4-30-97
Signature of 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	DP CEO	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	POLISNER, RICHARD L		1.2 NAME	200002239972--7
STREET ADDRESS	~~1301 RIVERPLACE BLVD SUITE 1609~~ 2110 PARK PLACE		1.3 STREET ADDRESS	-07/16/97--01099--012
CITY-ST-ZIP	~~JACKSONVILLE FL 32207~~ PONTE VEDRA BEACH, FL 32082		1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	~~S~~	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	~~PEEK, EUGENE G~~		2.2 NAME	
STREET ADDRESS	~~1301 RIVERPLACE BLVD SUITE 1609~~		2.3 STREET ADDRESS	
CITY-ST-ZIP	~~JACKSONVILLE FL 32207~~		2.4 CITY-ST-ZIP	
TITLE	PRESIDENT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAM TARBART		3.2 NAME	
STREET ADDRESS	2110 PARK PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		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 (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: [signature] WILLIAM TARBART 4-30-97 285-0045