

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

2110 PARK PLACE  
PONTE VEDRA BEACH FL 32082

Mailing Address

2110 PARK PLACE  
PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1995

4. FEI Number

59-3374476

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

21 1171 BEACH BLVD

Suite, Apt. #, etc.

22 # A

City & State

23 JACKSONVILLE BEACH, FL

Zip

24 32250

Country

25 USA

2a. Mailing Address

26 1171 BEACH BLVD

Suite, Apt. #, etc.

27 # A

City & State

28 JACKSONVILLE BEACH, FL

Zip

29 32250

Country

30 USA

9. Name and Address of Current Registered Agent

TARBART, WILLIAM  
2110 PARK PLACE  
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name

RICHARD I. POLISNER

82 Street Address (P.O. Box Number is Not Acceptable)

1171 BEACH BLVD

83

# A

84

JACKSONVILLE BEACH FL

85 Zip Code

32250

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]*

RICHARD I. POLISNER, CEO

4/19/98

Signature typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent's signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE

CEO

NAME

POLISNER, RICHARD L

STREET ADDRESS

2110 PARK PLACE

CITY-ST-ZIP

PONTE VEDRA BEACH FL 32082

TITLE

P

NAME

TARBART, WILLIAM

STREET ADDRESS

2110 PARK PLACE

CITY-ST-ZIP

PONTE VEDRA BEACH FL 32082

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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]*

RICHARD I. POLISNER, CEO

4/19/98 (1404)249-7003

CR2E034 (10/97)