FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

5-1-96B-5956-C

DOCUMENT # **S29545** **(8)**

1. Corporation Name

DR. STEVEN A. BROTSKY, D.P.M., P.A. DIABETIC FOO T CARE CENTER

Principal Place of Business	Mailing Address
2500 E HALLANDALE BEACH BLVD **HALLANDALE FL 33009**	**2500 E HALLANDALE BEACH BLVD** **HALLANDALE FL 33009**

3. Date Incorporated or Qualified: **02/01/1991**

3a. Date of Last Report: **02/22/1995**

4. FEI Number: **65-0243297** ☐ 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. Does corporation have liability for intangible tax under s. 199.042, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

BROTSKY, STEVEN A.
10840 NW 13 CT
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 617.1505, 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 _____ DATE

12. OFFICER'S AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D ☐ DELETE	1 TITLE ☐ Change ☐ Addition
NAME	BROTSKY, STEVEN A., DR.	2 NAME
STREET ADDRESS	10840 NW 13 CT	3 STREET ADDRESS
CITY-ST-ZIP	CORAL SPRINGS FL	4 CITY-ST-ZIP
TITLE	☐ DELETE	2 TITLE ☐ Change ☐ Addition
NAME		2 NAME
STREET ADDRESS		3 STREET ADDRESS
CITY-ST-ZIP		4 CITY-ST-ZIP
TITLE	☐ DELETE	3 TITLE ☐ Change ☐ Addition
NAME		3 NAME
STREET ADDRESS		3 STREET ADDRESS
CITY-ST-ZIP		4 CITY-ST-ZIP
TITLE	☐ DELETE	4 TITLE ☐ Change ☐ Addition
NAME		4 NAME
STREET ADDRESS		4 STREET ADDRESS
CITY-ST-ZIP		4 CITY-ST-ZIP
TITLE	☐ DELETE	5 TITLE ☐ Change ☐ Addition
NAME		5 NAME
STREET ADDRESS		5 STREET ADDRESS
CITY-ST-ZIP		5 CITY-ST-ZIP
TITLE	☐ DELETE	6 TITLE ☐ Change ☐ Addition
NAME		6 NAME
STREET ADDRESS		6 STREET ADDRESS
CITY-ST-ZIP		6 CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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: X _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN BROTSKY

X 4/29/96 Date

X 954 457 5950 Daytime Phone #