I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS BERENS

Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J22496

Entity Name: GAINESVILLE PODIATRY ASSOCIATES, P.A.

Current Principal Place of Business:

915 N.W. 56TH TERR. GAINESVILLE. FL 32605-6408

Current Mailing Address:

915 N.W. 56TH TERR. GAINESVILLE. FL 32605-6408

FEI Number: 59-2712499

Name and Address of Current Registered Agent:

BERENS, THOMAS A. 915 N.W. 56TH TERR. GAINESVILLE, FL 32605-6409 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATI

Title DTD Titlo SD

SIGNATURE:	
	Electronic Signature of Registered Agent

Officer/Director Detail :

TIU	e	PID	riue	3D
Na	me	BERENS, THOMAS A.	Name	HEISER, JOHN R.
Ado	dress	915 N.W. 56TH TERR.	Address	915 NW 56 TERR
City	/-State-Zip:	GAINESVILLE FL 32605-6408	City-State-Zip:	GAINESVILLE FL

10/12/2023

Date

FILED Oct 12, 2023 Secretary of State 1246846632CC

Certificate of Status Desired: No

Date