

**2018 FLORIDA PROFIT CORPORATION 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**

**Certificate of Status Desired: No**

**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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PTD  
Name            BERENS, THOMAS A.  
Address        915 N.W. 56TH TERR.  
City-State-Zip: GAINESVILLE FL 32605-6408

Title            VP  
Name            BERENS, LINDA L.  
Address        915 N.W. 56TH TERR.  
City-State-Zip: GAINESVILLE FL 32605

Title            SD  
Name            HEISER, JOHN R.  
Address        915 NW 56 TERR  
City-State-Zip: GAINESVILLE FL

*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**

**PRESIDENT**

**03/01/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date