

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K34174

FILED
Mar 16, 2004
Secretary of State

Entity Name: PLAZA PODIATRY ASSOCIATES, P.A.

Current Principal Place of Business:

5432 W. SAMPLE ROAD
MARGATE, FL 33073

New Principal Place of Business:

Current Mailing Address:

5432 W. SAMPLE ROAD
MARGATE, FL 33073

New Mailing Address:

FEI Number: 65-0077347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLECKER, STEVEN
6600 N ANDREWS AVE STE 306
FORT LAUDERDALE, FL 33309

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TOBMAN, KAREN R.,
Address: 5432 WEST SAMPLE RD.
City-St-Zip: MARGATE, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: TOBMAN, KAREN R.,
Address: 5432 WEST SAMPLE RD.
City-St-Zip: MARGATE, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KAREN R. TOBMAN

DR

03/16/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date