


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # K34174 1. Entity Name PLAZA PODIATRY ASSOCIATES, P.A.	
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Principal Place of Business 5432 W. SAMPLE ROAD MARGATE, FL 33073	Mailing Address 5432 W. SAMPLE ROAD MARGATE, FL 33073
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DO NOT WRITE IN THIS SPACE



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0077347	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLECKER, STEVEN 6600 N ANDREWS AVE STE 306 FORT LAUDERDALE, FL 33309

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 1100000914998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 05/09/08-80087-010 150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR TOBMAN, KAREN R. 5432 WEST SAMPLE RD. MARGATE, FL 33073
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Karen Tobman X 4/10/08 X 954-979-9795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date Daytime Phone #