

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K34174

FILED  
Apr 09, 2011  
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  
5300 WEST HILLSBORO BOULEVARD  
SUITE 104  
COCONUT CREEK, FL 33073 US

**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

**OFFICERS AND DIRECTORS:**

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

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: KAREN R TOBMAN

PRES

04/09/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date