

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36292

FILED  
Apr 07, 2010  
Secretary of State

**Entity Name:** FAMILY PODIATRY GROUP OF TAMPA, P.A.

**Current Principal Place of Business:**

7926 W. HILLBOROROUGH AVE  
STE G  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

7926 W. HILLBOROROUGH AVE  
STE G  
TAMPA, FL 33615 US

**New Mailing Address:**

7926 W. HILLBOROROUGH AVE  
STE G  
TAMPA, FL 33615

**FEI Number:** 59-2981304

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RICHTER, DPM, PAUL A  
7926 W. HILLSBOROUGH AVE #G  
TAMPA, FL 33615 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: RICHTER, PAUL A DPM  
Address: 7926 W. HILLSBOROUGH AVE #G  
City-St-Zip: TAMPA, FL 33615

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: PAUL A. RICHTER DPM

PAR

04/07/2010

Electronic Signature of Signing Officer or Director

Date