


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000048633**

1. Entity Name  
**NEWMAN & WEINER PODIATRY, P.A.**



Principal Place of Business <b>4895 WINDWARD PASSAGE DR.          STE 7          BOYNTON BEACH, FL 33436</b>	Mailing Address <b>4895 WINDWARD PASSAGE DR.          STE 7          BOYNTON BEACH, FL 33436</b>
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01232008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1107812</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LESHER, GERALD S  
 4895 WINDWARD PASSAGE DR., STE 7  
 BONTON BEACH, FL 33456**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000799351  
 01/30/08-80065-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PA NEWMAN, JAY 4895 WINDWARD PASSAGE DR., SUITE 7 BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PA WEINER, PAUL 4895 WINDWARD PASSAGE DR., SUITE 7 BOYNTON BEACH, FL 33436
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**DO NOT WRITE IN THIS SPACE**

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 its 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: Jay Newman **JAY NEWMAN** 1/23/08 561-369-4455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #