2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2011
Secretary of State

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Entity Name: FAMILY PODIATRY OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

4880 N. APOPKA VINELAND ROAD
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

4880 N. APOPKA VINELAND ROAD
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 26-1637698 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAPLAN, ALBERT A D.P.M.
4880 N. APOPKA VINELAND ROAD
ORLANDO, FL 32818 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: P T
Name: KAPLAN, ALBERT A D.P.M.
Address: 4880 N. APOPKA VINELAND ROAD
City-St-Zip: ORLANDO, FL 32818

Title: VP S
Name: KAPLAN, KELLI V
Address: 4880 N. APOPKA VINELAND ROAD
City-St-Zip: ORLANDO, FL 32818

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: ALBERT A. KAPLAN, D.P.M. PT 03/22/2011

Electronic Signature of Signing Officer or Director — Date