

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000029481

FILED
Apr 30, 2008
Secretary of State

Entity Name: ATLANTIC PODIATRY ASSOCIATES, D.P.M., P.A.

Current Principal Place of Business:

1890 LPGA BLVD
SUITE 230
DAYTONA BEACH, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

1890 LPGA BLVD
SUITE 230
DAYTONA BEACH, FL 32117 US

New Mailing Address:

FEI Number: 59-3369532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMS, G. LARRY
501 NORTH GRANDVIEW AVE.
DAYTONA BEACH, FL 32118 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: P () Delete
Name: RUST, JAMES W
Address: 1890 LPGA BLVD SUITE 230
City-St-Zip: DAYTONA BEACH, FL 32117

Title: DVST () Delete
Name: SHIELDS, GARY N
Address: 1890 LPGA BLVD
City-St-Zip: DAYTONA BEACH, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVST (X) Change () Addition
Name: GREEN, ANDREW N
Address: 1890 LPGA BLVD
City-St-Zip: DAYTONA BEACH, FL 32117

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES RUST

P

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date