2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90858 017 ***150.00

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

Principal Place of Business	Mailing Address
290 CLYDE MORRIS BLVD STE B2 ORMOND BEACH, FL 32174 US	290 CLYDE MORRIS BLVD STE B2 ORMOND BEACH, FL 32174 US

04242007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - Not P.O. Box #	3. Mailing Address
1890 LPGA Blvd	1890 LPGA
Suite/Apt. #, etc.: Suite 230	Suite, Apt. #, etc.: Suite 230
City & State: Daytona Beach, FL	City & State: Daytona Beach, FL
Zip: 32117 Country: USA	Zip: 32117 Country: USA

4. FEI Number 59-3369532 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIMS, G. LARRY 501 NORTH GRANDVIEW AVE. DAYTONA BEACH, FL 32118	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RUST, JAMES W 290 CLYDE MORRIS BLVD B2 ORMOND BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Rust, James 1890 LPGA Blvd Suite 230 Daytona Beach FL 32117	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVST SHIELDS, GARY N 290 CLYDE MORRIS BLVD B2 ORMOND BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Shields, Gary 1890 LPGA Blvd Daytona Beach, FL 32117	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 the 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: James Rust 4-27-07 386 274 3336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #