

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007808

**Entity Name:** AT HIS FEET MEDICAL CORPORATION

**Current Principal Place of Business:**

5606 HAWKLAKE RD  
LITHIA, FL 33547

**Current Mailing Address:**

5606 HAWKLAKE RD  
LITHIA, FL 33547

**FEI Number:** 45-3045670

**Certificate of Status Desired:** No

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

HARDIMAN, DANIEL B  
5606 HAWKLAKE RD  
LITHIA, FL 33547 US

*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

**Officer/Director Detail :**

Title	D	Title	D
Name	HARDIMAN, DANIEL B	Name	HARDIMAN, JAMES M
Address	5606 HAWKLAKE RD	Address	5606 HAWKLAKE RD
City-State-Zip:	LITHIA FL 33547	City-State-Zip:	LITHIA FL 33547

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DANIEL HARDIMAN

**DIRECTOR**

**04/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date