

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000122234

**Entity Name:** PODIATRIC BILLING SERVICES OF FLORIDA, INC.

**Current Principal Place of Business:**

4862 HIBBS GROVE WAY  
COOPER CITY, FL 33330

**Current Mailing Address:**

4862 HIBBS GROVE WAY  
COOPER CITY, FL 33330

**FEI Number: 37-1417499**

**Certificate of Status Desired: No**

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

SINKOE, JANEL  
4862 HIBBS GROVE WAY  
COOPER CITY, FL 33330 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  
Name            SINKOE, JANEL  
Address        4862 HIBB GROVE WAY  
City-State-Zip: COOPER CITY FL 33330

*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: JANEL SINKOE**

**PRESIDENT**

**04/10/2015**

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

\_\_\_\_\_  
Date