

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000122234

Entity Name: PODIATRIC BILLING SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

2649 NE 26 AVENUE
LIGHTHOUSE POINT, FL 33064

Current Mailing Address:

2649 NE 26 AVENUE
LIGHTHOUSE POINT, FL 33064 US

FEI Number: 37-1417499

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SINKOE, JANEL
2649 NE 26 AVENUE
LIGHTHOUSE POINT, FL 33064 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 2649 NE 26 AVENUE
City-State-Zip: LIGHTHOUSE POINT FL 33064

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 L SINKOE

D

02/09/2017

Electronic Signature of Signing Officer/Director Detail

Date