

**2016 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**

**PRESIDENT**

**03/02/2016**

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

\_\_\_\_\_  
Date