

2014 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

OWENER

04/28/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date