

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000134940

Entity Name: FAMILY PODIATRY OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

450 W CENTRAL PARKWAY
SUITE 1000
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

703 BLUE LAKE DRIVE
LONGWOOD , FL 32779 US

FEI Number: 26-1637698

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAPLAN, ALBERT AD.P.M.
703 BLUE LAKE DRIVE
LONGWOOD, FL 32779 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 P T, SECRETARY
Name KAPLAN, ALBERT AD.P.M.
Address 703 BLUE LAKE DRIVE
City-State-Zip: LONGWOOD FL 32779

Title VP
Name SMITH, CAROLINE E
Address 450 W CENTRAL PARKWAY
SUITE 1000
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: ALBERT A. KAPLAN

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01/03/2022

Electronic Signature of Signing Officer/Director Detail

Date