

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000053975

Entity Name: PALM BEACH PODIATRY, P.A.

Current Principal Place of Business:

2051 45TH STREET
SUITE 201
WEST PALM BEACH, FL 33407

Current Mailing Address:

2051 45TH STREET
SUITE 201
WEST PALM BEACH, FL 33407 US

FEI Number: 37-1902598

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEPOFF, ARIEL DR.
2051 45TH STREET
SUITE 201
WEST PALM BEACH, FL 33407 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
Name LEPOFF, ARIEL DR.
Address 2051 45TH STREET #201
City-State-Zip: WEST PALM BEACH FL 33407

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: ARIEL LEPOFF

PRESIDENT

01/14/2019

Electronic Signature of Signing Officer/Director Detail

Date