

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000029481

**Entity Name:** ATLANTIC PODIATRY ASSOCIATES, D.P.M., P.A.

**Current Principal Place of Business:**

1890 LPGA BLVD  
SUITE 230  
DAYTONA BEACH, FL 32117

**Current Mailing Address:**

1890 LPGA BLVD  
SUITE 230  
DAYTONA BEACH, FL 32117 US

**FEI Number:** 59-3369532

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SIMS, G. LARRY  
501 NORTH GRANDVIEW AVE.  
DAYTONA BEACH, FL 32118 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 RUST, JAMES W  
Address 1890 LPGA BLVD SUITE 230  
City-State-Zip: DAYTONA BEACH FL 32117

Title DVST  
Name GREEN, ANDREW B  
Address 1890 LPGA BLVD  
City-State-Zip: DAYTONA BEACH FL 32117

Title S  
Name MCBROOM, DENNIS  
Address 1890 LPGA BLVD SUITE 230  
City-State-Zip: DAYTONA BEACH FL 32117

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:** JAMES RUST

**PRESIDENT**

**04/27/2015**

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

\_\_\_\_\_  
Date