

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 652027

FILED
Jan 04, 2006
Secretary of State

Entity Name: PODIATRY ASSOCIATES OF VENICE & ENGLEWOOD, P.A.

Current Principal Place of Business:

400 S. TAMIAMI TR
#200
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

400 S. TAMIAMI TR #200
SUITE #200
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-1957197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, MICHAEL H
400 S. TAMIAMI TR
#200
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPM () Delete
Name: KATZ, MICHAEL H,
Address: 400 S. TAMIAMI TR #200
City-St-Zip: VENICE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPM (X) Change () Addition
Name: KATZ, MICHAEL H.,
Address: 400 S. TAMIAMI TR #200
City-St-Zip: VENICE, FL 34285 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL H. KATZ

PRES

01/04/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date