

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # G06944
 1. Entity Name
 TALLAHASSEE PODIATRY ASSOCIATES, P.A.



Principal Place of Business
 1866 BUFORD BLVD.
 TALLAHASSEE, FL 32308

Mailing Address
 1866 BUFORD BLVD.
 TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE



02212006 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-2236313 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERRITT, GEORGE N.
 1866 BUFORD BLVD.
 TALLAHASSEE, FL 32308

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when restate) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1000011536430
 05/08/06-80092-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MERRITT, GEORGE N.
STREET ADDRESS	1866 BUFORD BLVD.
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George N. Merritt* George N. Merritt 4/26/06 (850) 878-6998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #