


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90037 007 ***158.75

DOCUMENT # J72261 1. Entity Name PODIATRY CENTERS OF NORTH FLORIDA, PA					
Principal Place of Business 2236 PARK STREET JACKSONVILLE, FL 32204			Mailing Address 2236 PARK STREET JACKSONVILLE, FL 32204		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2809274	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GROSHELL, HOWARD G JR. 2236 PARK STREET JACKSONVILLE, FL 32204				7. Name and Address of New Registered Agent Name HOWARD J. GROSHELL, DPM Street Address (P.O. Box Number is Not Acceptable) 2236 PARK STREET City JACKSONVILLE FL 32204	
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 HOWARD J. GROSHELL, DPM <i>[Signature]</i> DATE 6/30/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restoring.)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P GROSHELL, HOWARD G JR. 2236 PARK ST. JACKSONVILLE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P GROSHELL, DPM/HOWARD J. 2236 PARK STREET JACKSONVILLE, FL 32204
<input type="checkbox"/> Charge <input type="checkbox"/> Addition		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GROSHELL, HOWARD J DPM 2236 PARK ST. JACKSONVILLE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GROSHELL, JR., DPM HOWARD G. 2236 PARK STREET JACKSONVILLE, FL 32204
<input type="checkbox"/> Charge <input type="checkbox"/> Addition		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Charge <input type="checkbox"/> Addition		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Charge <input type="checkbox"/> Addition		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Charge <input type="checkbox"/> Addition		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: HOWARD J. GROSHELL, DPM <i>[Signature]</i> DATE 6/30/05 DAYTIME PHONE # 389-0346 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					