2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2011
Secretary of State

DOCUMENT# K43938

Entity Name: NORTHWEST BROWARD PODIATRY ASSOCIATES P.A.

Current Principal Place of Business:

2825 N. STATE ROAD 7
#203
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

2825 N. STATE ROAD 7
#203
MARGATE, FL 33063

New Mailing Address:

FEI Number: 65-0083604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIEBERMAN, JAY A DPM
2825 W STATE RD 7
#203
MARGATE, FL 33063 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

OFFICERS AND DIRECTORS:

Title: P
Name: LIEBERMAN, JAY A DPM
Address: 2825 N STATE RD 7 #203
City-St-Zip: MARGATE, FL 33063

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: JAY A LIEBERMAN DPM PRES 04/24/2011

Electronic Signature of Signing Officer or Director — Date