

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L18359

FILED  
Apr 07, 2011  
Secretary of State

**Entity Name:** ROBERT M. GAYNOR, D.P.M., P.A.

**Current Principal Place of Business:**

6250 LANTANA RD  
STE 22  
LAKE WORTH, FL 33463 US

**New Principal Place of Business:**

**Current Mailing Address:**

6250 LANTANA RD  
STE 22  
LAKE WORTH, FL 33463 US

**New Mailing Address:**

**FEI Number:** 65-0144770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GAYNOR, ROBERT M. DPM. PA.  
6250 LANTANA RD #22  
LAKE WORTH, FL 33463 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: PR  
Name: MINSKY, SETH A DPM  
Address: 6250 LANTANA ROAD #22  
City-St-Zip: LAKE WORTH, FL 33463 US

Title: ST  
Name: GAYNOR, ROBERT M.  
Address: 6250 LANTANA ROAD #22  
City-St-Zip: LAKE WORTH, FL 33463 US

Title: V  
Name: SCHEPPS, LARRY  
Address: 6250 LANTANA RD. #22  
City-St-Zip: LAKE WORTH, FL 33463 US

Title: SEC  
Name: MINSKY, SETH A  
Address: 6250 LANTANA R.D SUITE 22  
City-St-Zip: LAKE WORTH, FL 33463

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: SETH MINSKY

PR

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date