

2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 15, 2007
Secretary of State**

DOCUMENT# M21789

Entity Name: GARY L. CURSON, D.P.M., P.A. PODIATRY FOOT AND ANKLE SURGERY & REMOVAL OF SPIDER VEINS

Current Principal Place of Business:

9528 HARDING AVE
SURFSIDE, FL 33154

New Principal Place of Business:

Current Mailing Address:

9528 HARDING AVE
SURFSIDE, FL 33154

New Mailing Address:

FEI Number: 59-2620810 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CURSON, GARY L.
9528 HARDING AVENUE
SURFSIDE, FL 33154 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: . () Delete
Name: CURSON, GARY L.,
Address: 9528 HARDING AVE
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GARY L CURSON DPM., PA

DR

02/15/2007

Electronic Signature of Signing Officer or Director

_____ Date