
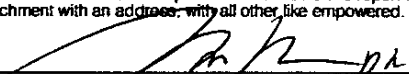


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90065 040 \*\*\*\*61.25

<b>DOCUMENT # N94000002257</b>					
1. Entity Name <b>PODIATRY NETWORK OF FLORIDA, INC.</b>					
Principal Place of Business 1919 SWANN AVENUE TAMPA, FL 33606 US			Mailing Address 1919 SWANN AVENUE TAMPA, FL 33606 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3244840</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARTIN PORT</b> 1919 SWANN AVENUE 1919 SWANN AVE. TAMPA, FL 33606			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
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 reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OKUN, SETH J	1919 SWANN AVENUE	TAMPA, FL	<input type="checkbox"/>		
V BLUSTEIN, STEVEN M	1040 SWANN AVENUE	TAMPA, FL	<input checked="" type="checkbox"/> Delete	V LABOHN, SCOTT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P PORT, MARTIN	1919 SWANN AVENUE	TAMPA, FL	<input type="checkbox"/> Delete	1919 Swann Ave	
D CREIGHTON, ROBERT	1919 SWANN AVENUE	TAMPA, FL 33606	<input type="checkbox"/> Delete	TAMPA, FL 33606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S FLEETER, MICHAEL	1419 SWANN AVENUE	TAMPA, FL 33606	<input type="checkbox"/> Delete	D RIVERA, JUAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D FRIEDMAN, KENNETH	1919 SWANN AVENUE	TAMPA, FL 33606	<input type="checkbox"/> Delete	1919 Swann Avenue	
				TAMPA, FL 33606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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.					
<b>SIGNATURE:</b> 				Date <b>2/1/05</b> (813) Daytime Phone # <b>254-423</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	