2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N94000002257

Entity Name: PODIATRY NETWORK OF FLORIDA, INC.

Current Principal Place of Business:

2835 WEST DELEON
SUITE 101
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

2835 WEST DELEON STREET
SUITE 101
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 59-3244840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORT, MARTIN PRESIDE
2835 WEST DELEON STREET
SUITE 101
TAMPA, FL 33609 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: T ( ) Delete
Name: CREIGHTON, ROBERT
Address: 2835 WEST DELEON STREET, SUITE 101
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete
Name: LABOHN, SCOTT
Address: 2835 WEST DELEON STREET, SUITE 101
City-St-Zip: TAMPA, FL 33609

Title: P ( ) Delete
Name: PORT, MARTIN
Address: 2835 WEST DELEON STREET, SUITE 101
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete
Name: CREIGHTON, ROBERT
Address: 2835 WEST DELEON, SUITE 101
City-St-Zip: TAMPA, FL 33609

Title: S ( ) Delete
Name: FLEETER, MICHAEL
Address: 2835 WEST DELEON STREET, SUITE 101
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete
Name: FRIEDMAN, KENNETH
Address: 2835 WEST DELEON STREET, SUITE 101
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: LABOHN, SCOTT
Address: 2835 WEST DELEON STREET, SUITE 101
City-St-Zip: TAMPA, FL 33609

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

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

Title: D (X) Change ( ) Addition
Name: FLEETER, MICHAEL
Address: 2835 WEST DELEON STREET, SUITE 101
City-St-Zip: TAMPA, FL 33609

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

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN PORT P 03/20/2009

Electronic Signature of Signing Officer or Director Date