

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000008084

1. Entity Name
PODIATRIC MEDICAL CENTER, INC.



Principal Place of Business
2828 E. COMMERCIAL BOULEVARD
FORT LAUDERDALE, FL 33308

Mailing Address
2828 E. COMMERCIAL BOULEVARD
FORT LAUDERDALE, FL 33308

FILED

06 APR 27 AM 11:14

CLERK OF THE STATE
TALLAHASSEE, FLORIDA



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0976025

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DECUBELLIS, PHILLIP D
2828 E. COMMERCIAL BOULEVARD
FORT LAUDERDALE, FL 33308

DO NOT WRITE
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DECUBELLIS, PHILLIP D
STREET ADDRESS	2828 E. COMMERCIAL BOULEVARD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200074149132
05/08/06--01015--014 **300.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:

Phillip D. DeCubellis Phillip D. DeCubellis

4/24/06 (954) 980-8565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #