2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2012
Secretary of State

DOCUMENT# P00000008084

Entity Name: PODIATRIC MEDICAL CENTER, INC.

Current Principal Place of Business:

2828 E. COMMERCIAL BOULEVARD
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

2828 E. COMMERCIAL BOULEVARD
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 65-0976025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DECUBELLIS, ANNETTE G
2828 E. COMMERCIAL BOULEVARD
FORT LAUDERDALE, FL 33308 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: D
Name: DECUBELLIS, ANNETTE G
Address: 2828 E. COMMERCIAL BOULEVARD
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: SECR
Name: DECUBELLIS, GERMAIN L
Address: 130 NEVING DR
City-St-Zip: TAMPA, FL 33613 US

Title: OFFI
Name: DECUBELLIS, WILMA S
Address: 130 NEVING DRIVE
City-St-Zip: TAMPA, FL 33613

Title: CEO
Name: DECUBELLIS, LAUREN L
Address: 12253 NW 25TH STREET
City-St-Zip: PLANTATION, FL 33323 US

Title: CFO
Name: DECUBELLIS, JOHNATHAN P
Address: 12253 NW 25TH STREET
City-St-Zip: PLANTATION, FL 33323 US

Title: OFFI
Name: DECUBELLIS, JOSEPH D
Address: 12253 NW 25TH STREET
City-St-Zip: PLANTATION, FL 33323 US

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: ANNETTE DECUBELLIS DIRE 03/13/2012

Electronic Signature of Signing Officer or Director — Date