

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000063993

FILED
May 01, 2005
Secretary of State

Entity Name: CARMEN O. PARTRIDGE, DPM, P.A.

Current Principal Place of Business:

1380 NE MIAMI GARDENS DR
209
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

1380 NE MIAMI GARDENS DR
209
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 65-1020482 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PARTRIDGE, CARMEN O
1441 S TREASURE ST
NORTH BAY VILLAGE, FL 33141 US

Name and Address of New Registered Agent:

PARTRIDGE, CARMEN O DPM
7805 NOREMAC AVE.
MIAMI BEACH, FL 33179 US

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: CARMEN O. PARTRIDGE, DPM 05/01/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PARTRIDGE, CARMEN O
Address: 1380 NE MIAMI GARDENS DR
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPM (X) Change () Addition
Name: PARTRIDGE, CARMEN O
Address: 1380 NE MIAMI GARDENS DR #209
City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARMEN O. PARTRIDGE DPM 05/01/2005

Electronic Signature of Signing Officer or Director Date