

2004 FOR PROFIT CORPORATION ANNUAL REPORT

6/16

FILED
Jul 02, 2004 8:00 am
Secretary of State

06-16-2004 90012 014 ***150.00

DOCUMENT # P00000088768

1. Entity Name
PODICARE MANAGEMENT SERVICES, INC.



Principal Place of Business
**210 S FEDERAL HWY
#402
HOLLYWOOD, FL 33020**

Mailing Address
**210 S FEDERAL HWY
#402
HOLLYWOOD, FL 33020**

66429304



2. Principal Place of Business
4350 SHERIDAN ST.

3. Mailing Address
4350 SHERIDAN ST.

Suite, Apt. #, etc.
Suite 202

Suite, Apt. #, etc.
Suite 202

03212003 Chg-P CR2E034 (10/03)

City & State
Hollywood FL

City & State
Hollywood, FL

4. FEI Number
65-0978102

Applied For
Not Applicable

Zip Country
33021 USA

Zip Country
33021 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COHEN, JEFFREY L
54 NORTHEAST FOURTH AVENUE
DELRAY BEACH, FL 33483**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GALITZ, JEFFREY L MD,DPM
210 S FEDERAL HWY #402
HOLLYWOOD, FL 33020** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4350 SHERIDAN ST. #202
Hollywood, FL 33021** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
POLLACK, GEORGE
210 S FEDERAL HWY #402
HOLLYWOOD, FL 33020** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4350 SHERIDAN ST. #202
Hollywood, FL 33021** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/23/04