


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90039 001 \*\*\*150.00

<b>DOCUMENT # P00000088768</b> 1. Entity Name PODICARE MANAGEMENT SERVICES, INC.	
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Principal Place of Business 4350 SHERIDAN STREET - SUITE 202 HOLLYWOOD, FL 33021	Mailing Address 4350 SHERIDAN STREET - SUITE 202 HOLLYWOOD, FL 33021
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40056000



2. Principal Place of Business - No P.O. Box # 3440 Hollywood Blvd Suite, Apt. #, etc. Suite 460 City & State Hollywood, FL Zip 33021 Country USA	3. Mailing Address 3440 Hollywood Blvd Suite, Apt. #, etc. Suite 460 City & State Hollywood, FL Zip 33021 Country USA
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04302007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0978102	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COHEN, JEFFREY L 54 NORTHEAST FOURTH AVENUE DELRAY BEACH, FL 33483	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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 4350 SHERIDAN STREET - SUITE 202 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3440 Hollywood Blvd Suite 460 Hollywood, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POLLACK, GEORGE 4350 SHERIDAN STREET - SUITE 202 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3440 Hollywood Blvd Suite 460 Hollywood, FL 33021
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Pollack, VP

4/30/2007 954-923-7440