

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000105157

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** DUNNELLON PODIATRY CENTER, P.A.

**Current Principal Place of Business:**

11786 CEDAR STREET  
DUNNELLON, FL 34431

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 2633  
DUNNELLON, FL 34430

**New Mailing Address:**

**FEI Number:** 65-1062763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WITFILL, STACY  
3079 W. BLOSSOM DRIVE  
BEVERLY HILLS, FL 34465 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: WITFILL, STACY  
Address: 3079 W. BLOSSOM DRIVE  
City-St-Zip: BEVERLY HILLS, FL 34465

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: STACY WITFILL

D

04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date