2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000109824

1. Entity Name
ALL FLORIDA PODIATRY, P.A.

Principal Place of Business

5760 10TH AVENUE NORTH
SAINT PETERSBURG, FL 33710   US

Mailing Address

P.O. BOX 13165
SAINT PETERSBURG, FL 33733-3165 US

DO NOT WRITE IN THIS SPACE

03192007   No Chg-P   CR2E034 (11/05)

4. FEI Number
59-3684681

Applied For
Not Applicable

5. Certificate of Status Desired ☐

$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLALUCE, MARC G D.P.M.
1616 1ST STREET SOUTHEAST
SAINT PETERSBURG, FL 33701

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IN THIS SPACE

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
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

TITLE	DPS
NAME	COLALUCE, MARC G D.P.M.
STREET ADDRESS	1616 1ST STREET SOUTHEAST
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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U000000710825
04/25/07-80058-020 150.00

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: _____   3/19/07   727-384-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #