

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90067 030 ***150.00

DOCUMENT # P01000022206

1. Entity Name
SEBRING PODIATRY CENTER, INC.



Principal Place of Business

1253 US 27 SOUTH SEBRING, FL 33872
4325 Sun 'N Lake Blvd #102

Mailing Address

1253 US 27 SOUTH SEBRING, FL 33872

SEBRING



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3704407

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDERSON, DALE
~~1253 US 27 SOUTH~~
SEBRING, FL 33872
new address:
SEBRING PODIATRY CENTER, INC
4325 SUN 'N LAKE BLVD, #102
SEBRING, FL 33872

**DO NOT WRITE
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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
ANDERSON, DALE
~~700 ENTRADA AVENUE~~ *3701 Par Road*
SEBRING, FL 33872

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPS
ANDERSON, PATRICIA
~~700 ENTRADA AVE~~ *3701 Par Road*
SEBRING, FL 33872

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Dale Anderson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale Anderson

2/1/05 863-314-8600
Date Daytime Phone #