## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000048633

1. Entity Name

**NEWMAN & WEINER PODIATRY, P.A.** 

Principal Place of Business

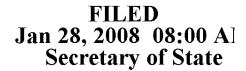
4895 WINDWARD PASSAGE DR.

STE 7 BOYNTON BEACH, FL 33436 Mailing Address

4895 WINDWARD PASSAGE DR.

STE 7

BOYNTON BEACH, FL 33436





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65-1107812

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

LESHER, GERALD S 4895 WINDWARD PASSAGE DR., STE 7 BONTON BEACH, FL 33456

## DO NOT WRITE IN THIS SPACE

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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								
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	cing 🔲	\$5.00 May Be Added to Fees	01/30/08-80065-008	150.00		
10.	OFFICERS AND DIREC	CTORS			45			
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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								

12. I neeby 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 cath; that I am an officer or director of the corporation or pre-geoeiver 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 afactionent with an address, with all other like empowered.

SIGNATURE:

TAG NEWMAN

1/23/08 561-369-4457