## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000048633

Address:

City-St-Zip:

Entity Name: NEWMAN & WEINER PODIATRY, P.A.

FILED Feb 23, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
4895 WINDWARD PASSAGE DR.					
STE 7 BOYNTON	N BEACH, FL	33436			
Current Mailing Address:			New Mailing Address:		
	DWARD PAS	SAGE DR.			
STE 7 BOYNTON	N BEACH, FL	33436			
FEI Number	: 65-1107812	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
4895 WIŃI BONTON	BEACH, FL 3				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	NEWMAN, JAY 4895 WINDWA	) Delete / ARD PASSAGE DR., SUITE 7 ACH, FL 33436	Title: 0 Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	PA ( WEINER, PAU	) Delete L	Title: Name:	( ) Change ( ) Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL WEINER PA 02/23/2009

4895 WINDWARD PASSAGE DR., SUITE 7

BOYNTON BEACH, FL 33436