2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007
Secretary of State

DOCUMENT# P01000072289

Entity Name: NORTH PORT PODIATRY CENTER, PA

Current Principal Place of Business:

15081 S TAMIAMI TRAIL
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

15081 S TAMIAMI TRAIL
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 65-0976322 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEMEYER, BUTCH
5396 ANTHONY LN
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

DANIELSON, DAVID B DPM
15081 S TAMIAMI TRAIL
NORTH PORT, FL 34287 US

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: DAVID DANIELSON 01/19/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: KLEMEYER, LISA N
Address: 15081 S TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSDT (X) Change ( ) Addition
Name: DANIELSON, DAVID B DPM
Address: 15081 S TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID B. DANIELSON PSDT 01/19/2007
Electronic Signature of Signing Officer or Director Date