

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000072289

FILED  
Mar 22, 2008  
Secretary of State

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:

15041 S TAMIAMI TRAIL  
NORTH PORT, FL 34287

## Current Mailing Address:

15081 S TAMIAMI TRAIL  
NORTH PORT, FL 34287

## New Mailing Address:

15041 S TAMIAMI TRAIL  
NORTH PORT, FL 34287

FEI Number: 65-0976322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

DANIELSON, DAVID B DPM  
15041 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

03/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSDT (X) Change ( ) Addition  
Name: DANIELSON, DAVID B DPM  
Address: 15041 S TAMIAMI TRAIL  
City-St-Zip: NORTH PORT, FL 34287 US

Title: VSD ( ) Change (X) Addition  
Name: RUANE, LAUREN  
Address: 456 PALMETTO COURT  
City-St-Zip: VENICE, FL 34285 US

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: LAUREN RUANE

VSD

03/22/2008

Electronic Signature of Signing Officer or Director

Date