

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000072289

FILED  
Jan 24, 2012  
Secretary of State

**Entity Name:** NORTH PORT PODIATRY CENTER, PA

**Current Principal Place of Business:**

15041 S TAMIAMI TRAIL  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

15041 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:**

DANIELSON, DAVID B DPM  
15041 S TAMIAMI TRAIL  
NORTH PORT, FL 34287      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PSDT  
Name: DANIELSON, DAVID B DPM  
Address: 212 GULF DRIVE  
City-St-Zip: VENICE, FL 34285 US

Title: VSD  
Name: DANIELSON, LAUREN  
Address: 212 GULF DRIVE  
City-St-Zip: VENICE, FL 34285 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID B. DANIELSON

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PSDT

01/24/2012

\_\_\_\_\_ Date