

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000103765

FILED
May 05, 2009
Secretary of State

Entity Name: THE MERCURY CENTER - LOWER EXTREMITY WOUND CARE & SPORTS INJURIES, P.A.

Current Principal Place of Business:

7775 LAKE WORTH ROAD
LAKE WORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

7775 LAKE WORTH ROAD
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: 65-1149122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLDRICH, CHRISTOPHER
7775 LAKE WORTH ROAD
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

OLDRICH, CHRISTOPHER R PTSD
7775 LAKE WORTH ROAD
LAKE WORTH, FL 33467 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: CHRISTOPHER OLDRICH

05/05/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: OLDRICH, CHRISTOPHER DPM
Address: 7775 LAKE WORTH ROAD
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
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: CHRISTOPHER OLDRICH

PTSD

05/05/2009

Electronic Signature of Signing Officer or Director

Date