

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000013321

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** PODIATRY INTERNATIONAL, INC.

**Current Principal Place of Business:**

290-174TH STREET  
APT 1114  
SUNNY ISLES BEACH, FL 33160 US

**New Principal Place of Business:**

3051 WEST FLAGLER STREET  
MIAMI, FL 33135 US

**Current Mailing Address:**

290-174TH STREET  
APT 1114  
SUNNY ISLES BEACH, FL 33160 US

**New Mailing Address:**

**FEI Number:** 80-0036527      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

OUZOUNOV, KALOIAN G  
290-174TH STREET  
APT 1114  
SUNNY ISLES BEACH, FL 33160 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: P  
Name: OUZOUNOV, KALOIAN G  
Address: 290-174TH STREET, APT 1114  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 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: KALOIAN OUZOUNOV

DR

04/07/2011

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

\_\_\_\_\_  
Date