


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000073242  
 1. Entity Name  
 CHAPEL PODIATRY & ASSOCIATES, P.A.



|  |  |
|--|--|
| Principal Place of Business<br>2723 FOREST RD<br>SPRING HILL, FL 34606 | Mailing Address<br>2723 FOREST RD<br>SPRING HILL, FL 34606 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



02022006 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br>45-0482111                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

6. Name and Address of Current Registered Agent  
 CHAPEL, CHARLES P DPM  
 6561 PINE MEADOWS DR  
 SPRING HILL, FL 34608

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000474733  
 04/04/06-80035-013 150.00

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PVTS<br>CHAPEL, CHARLES<br>6561 PINE MEADOWS DR<br>SPRING HILL, FL 34608 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X  CHARLES CHAPEL Date: X 3/16/06 512 / 0841444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #