

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000073242

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** CHAPEL PODIATRY & ASSOCIATES, P.A.

**Current Principal Place of Business:**

4191 MARINER BLVD  
SPRING HILL, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

4191 MARINER BLVD  
SPRING HILL, FL 34609

**New Mailing Address:**

**FEI Number:** 45-0482111

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHAPEL, CHARLES P DPM  
10360 DESERT SPARROW AVENUE  
WEEKI WACHEE, FL 34613 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: PVTs  
Name: CHAPEL, CHARLES P  
Address: 10360 DESERT SPARROW AVENUE  
City-St-Zip: WEEKI WACHEE, FL 34613

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: CHARLES P CHAPEL

PVTs

02/14/2012

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

\_\_\_\_\_ Date