## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000108169

FILED Feb 08, 2007 Secretary of State

Entity Name: CENTRAL FLORIDA FOOT CARE, P.A.	
Current Principal Place of Business:	New Principal Place of Business:
701 N PALMETTO ST	
LEESBURG, FL 34748	
Current Mailing Address:	New Mailing Address:
P.O. BOX 491334 LEESBURG, FL 34749	
FEI Number: 22-3878283 FEI Number Applied For ( ) FEI N	lumber Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
GREEN, JAMES DAVID ESQ. 9030 W.FORT ISLAND TRAIL #5 CRYSTAL RIVER, FL 34429 US	
Γhe above named entity submits this statement for the purpose n the State of Florida.	of changing its registered office or registered agent, or both,
BIGNATURE:	
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title: ( ) Delete Title: MGR (X) Change ( ) Addition PRZYSTAWSKI, NICHOLAS PRZYSTAWSKI, NICHOLAS Name: Name: 33300 TEWKSBURY DRIVE Address: 33300 TEWKSBURY DRIVE Address: City-St-Zip: LEESBURG, FL 34788 City-St-Zip: LEESBURG, FL 34788

Title: () Delete Title: ( ) Change (X) Addition PRZYSTAWSKI, SUZANNE L Name: Name: Address: Address: 33300 TEWKSBURY DRIVE LEESBURG, FL 34788 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NICHOLAS PRZYSTAWSKI MGR 02/08/2007