

• **2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000115445

1. Entity Name
FOOT CARE CENTERS OF PALM BEACH, P.A.



Principal Place of Business

10075 JOG ROAD
SUITE #208
BOYNTON BEACH, FL 33437 US

Mailing Address

10075 JOG ROAD
SUITE #208
BOYNTON BEACH, FL 33437 US



03122007 No Chg-P CR2E034 (11/05)

4. FEI Number
73-1688096

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPINNER, IRA PRES
10075 JOG ROAD
SUITE #208
BOYNTON BEACH, FL 33437

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
SPINNER, IRA
10075 JOG RD., SUITE #208
BOYNTON BEACH, FL 33437

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

U000000671702
03/28/07-80038-021 150.00
**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #