

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000153869

Entity Name: BEACH PODIATRY, INC.

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2194 HWY A1A  
SUITE 108  
INDIAN HARBOUR BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

2194 HWY A1A  
SUITE 108  
INDIAN HARBOUR BEACH, FL 32937

**New Mailing Address:**

FEI Number: 20-0503188

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MABRY, SHELLEY A  
2194 HWY A1A  
SUITE 108  
INDIAN HARBOUR BEACH, FL 32937 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: MABRY, SHELLEY A  
Address: 2194 HWY A1A, SUITE 108  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: VP  
Name: MABRY, GEORGE O  
Address: 2194 HWY A1A, SUITE 108  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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: GEORGE O MABRY

VP

03/20/2012

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

\_\_\_\_\_  
Date