


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90035 041 \*\*\*150.00

DOCUMENT # P04000052405		
1. Entity Name PODIATRY SERVICES OF FLORIDA, INC.		

Principal Place of Business 13489 MILITARY TRAIL DELRAY BEACH, FL 33484	Mailing Address 13489 MILITARY TRAIL DELRAY BEACH, FL 33484
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40011284



2. Principal Place of Business - No P.O. Box # 13489 MILITARY TRAIL	3. Mailing Address 13489 MILITARY TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01162007 Chg-P CR2E034 (12/06)

City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL
Zip 33484	Country USA
Zip 33484	Country USA

4. FEI Number 13-3403690	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent EGERMAN, RICHARD 13489 MILITARY TRAIL DELRAY BEACH, FL 33484	
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7. Name and Address of New Registered Agent Name RICHARD EGERMAN Street Address (P.O. Box Number is Not Acceptable) 13489 MILITARY TRAIL City DELRAY BEACH FL Zip Code 33484	
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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 \_\_\_\_\_ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES EGERMAN, RICHARD 13489 MILITARY TRAIL DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARD EGERMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13489 MILITARY TRAIL DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: RICHARD EGERMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 1/31/07 Daytime Phone #: 561-495-9700