

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067131

FILED
Mar 29, 2009
Secretary of State

Entity Name: PALM BEACH PODIATRIC CENTER, INC.

Current Principal Place of Business:

2601 S MILITARY TRAIL
#36
W PALM BCH, FL 33145

Current Mailing Address:

2601 S MILITARY TRAIL
#36
W PALM BCH, FL 33145

New Principal Place of Business:

10515 WEST FOREST HILL BOULEVARD
302
WELLINGTON, FL 33414

New Mailing Address:

10515 WEST FOREST HILL BOULEVARD
302
WELLINGTON, FL 33414

FEI Number: 20-1048255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LERNER, JEFFREY DR.
2601 S MILITARY TRAIL
36
W PALM BCH, FL 33145 US

Name and Address of New Registered Agent:

LERNER, JEFFREY DR.
10515 WEST FOREST HILL BOULEVARD
302
WELLINGTON, FL 33414 US

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:

03/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPM () Delete
Name: LERNER, JEFFREY
Address: 2601 S. MILITARY TRAIL SUITE 36
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPM (X) Change () Addition
Name: LERNER, JEFFREY
Address: 10515 WEST FOREST HILL BOULEVARD #302
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify 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: JEFFREY C. LERNER, DPM

JCL

03/29/2009

Electronic Signature of Signing Officer or Director

Date