

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000068894

**Entity Name:** PALM COAST PODIATRY, INC.

**FILED**  
**Jan 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11 FLORIDA PARK DR  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

11 FLORIDA PARK DR  
PALM COAST, FL 32137

**New Mailing Address:**

FEI Number: 52-2392539      FEI Number Applied For (  )      FEI Number Not Applicable (  )      Certificate of Status Desired (  )

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

JANE WALTER, DPM, PA  
11 FLORIDA PARK DR  
PALM COAST, FL 32137 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: DR  
Name: WALTER, JANE PA  
Address: 11 FLORIDA PARK DRIVE  
City-St-Zip: PALM COAST, FL 32137

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: JANE WALTER

DR

01/29/2011

Electronic Signature of Signing Officer or Director

Date