

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000080261

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** ARTHUR SEGALL, JR., DPM, P.A.

**Current Principal Place of Business:**

17160 ROYAL PALM BLVD  
2  
WESTON, FL 33326

**New Principal Place of Business:**

17160 ROYAL PALM BLVD  
2  
WESTON, FL 33326 UN

**Current Mailing Address:**

17160 ROYAL PALM BLVD  
2  
WESTON, FL 33326

**New Mailing Address:**

17160 ROYAL PALM BLVD  
2  
WESTON, FL 33326 UN

**FEI Number:** 30-0143942

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SEGALL, ARTHUR JR  
17160 ROYAL PALM BLVD  
2  
WESTON, FL 33326 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: PSTD  
Name: SEGALL, ARTHUR JR  
Address: 17160 ROYAL PALM BLVD, 2  
City-St-Zip: WESTON, FL 33326 UN

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: ARTHUR SEGALL, JR.

PSTD

04/27/2011

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

\_\_\_\_\_  
Date