2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2012
Secretary of State

DOCUMENT# P04000145256

Entity Name: SOUTHEASTERN PODIATRY CLINIC, P.A.

Current Principal Place of Business:

2858 MAHAN DR SUITE 1 & 2
TALLAHASSEE, FL 32308

New Principal Place of Business:

2858 MAHAN DR SUITE 1 & 2
TALLAHASSEE, FL 32308 UN

Current Mailing Address:

2858 MAHAN DR SUITE 1 & 2
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-1772947 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REYNOLDS, PAUL D
158 COTILLION CIRCLE
TALLAHASSEE, FL 32312 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: MGMR
Name: REYNOLDS, PAUL D DR
Address: 158 COTILLION CIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP
Name: REYNOLDS, MICHELE M
Address: 158 COTILLION CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

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: PAUL REYNOLDS MGMR 02/21/2012

Electronic Signature of Signing Officer or Director Date