


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 14, 2006 8:00 am**  
**Secretary of State**

08-14-2006 90037 046 \*\*\*158.75

<b>DOCUMENT # P05000023574</b> 1. Entity Name <b>MOBILE PODIATRY SERVICES, INC.</b>					
Principal Place of Business <b>5330 WINHAWK WAY</b> <b>LUTZ, FL 33558 US</b>			Mailing Address <b>5330 WINHAWK WAY</b> <b>LUTZ, FL 33558 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SANDERS, WALTER S</b> <b>16528 NORTH DALE MABRY HWY</b> <b>TAMPA, FL 33618</b>				7. Name and Address of New Registered Agent Name <u>David L Smith</u> Street Address (P.O. Box Number is Not Acceptable) <u>5324 Winhawk Way</u> City <u>Lutz</u> <b>FL</b> Zip Code <u>33558</u>	
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 <u>David L Smith</u> <span style="float: right;">DATE <u>Sunday, August 6, 2006</u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VERLENI, PERRY V D.P.M. 5330 WINHAWK WAY LUTZ, FL 33558 <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	
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.					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	

50025202



07192006 Chg-P CR2E034 (11/05)

## ATTACHMENT

Mobile Podiatry Services Inc.  
5330 Winhawk Way  
Lutz, Florida 33558

50025202  
#P05000023574

Sunday, August 6, 2006


Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

RE Annual report notice

We have no record of receiving a notice to file the annual report notice prior to the most recent notice. Accordingly, we ask that the \$400.00 late fee be waived.

Enclosed is a check for the \$150.00 filing fee plus \$8.75 for a certificate of status.

Regards,



Perry V Verleni, DPM  
President



**ATTACHMENT**  
520225202  
**Division of Corporations**

**Annual Report**

Annual Report Help

Document Number

P05000023574

Business Entity Name

**MOBILE PODIATRY SERVICES, INC.**

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number 202341174  
FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable  
Certificate of Status Desired ☒ Yes ☐ No \$8.75 each  
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

**Principal Place of Business**

Address 5330 WINHAWK WAY  
Suite, Apt. #, etc.  
City, State LUTZ , FL  
Zip Code & Country 33558 US

**Mailing Address**

Address 5330 WINHAWK WAY  
Suite, Apt. #, etc.  
City, State LUTZ , FL  
Zip Code & Country 33558 US

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title) SMITH , DAVE , L ,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 5324 WINHAWK WY

Suite, Apt. #, etc.

City, State LUTZ , FL

Zip Code & Country

ATTACHMENT

33558

US

50025202  
#P05000023574

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature** David L. Smith

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title P  
Name (Last, First, Middle, Title) VERLENI PERRY V D.P.M.

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address 5330 WINHAWK WAY  
City, State LUTZ FL  
Zip Code & Country 33558 US

Title  
Name (Last, First, Middle, Title)

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address  
City, State

ATTACHMENT

520215202  
P05000025574

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

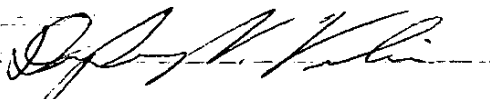
City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that