

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000089626

**FILED**  
**Aug 04, 2011**  
**Secretary of State**

**Entity Name:** PAUL D. BROOKS, DPM, P.A.

**Current Principal Place of Business:**

9290 BALDRIDGE RD  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

7720 HWY. 98 WEST  
STE 340  
MIRAMAR BEACH, FL 32550

**New Mailing Address:**

9290 BALDRIDGE RD  
PENSACOLA, FL 32514

**FEI Number:** 20-2919095

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURKE, M. TODD  
7720 HWY. 98 WEST  
STE 340  
MIRAMAR BEACH, FL 32550 US

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

BURKE, M. TODD  
9290 BALDRIDGE RD  
PENSACOLA, FL 32514 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

08/04/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: BROOKS, PAUL D DPM  
Address: 9290 BALDRIDGE RD  
City-St-Zip: PENSACOLA, FL 32514

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 D BROOKS DPM

OWNE

08/04/2011

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

\_\_\_\_\_  
Date