

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000146408

FILED
Mar 09, 2011
Secretary of State

Entity Name: TRI COUNTY PODIATRY, P.A.

Current Principal Place of Business:

1585 SANTA BARBARA BLVD, STE B
THE VILLAGES, FL 32159

New Principal Place of Business:

Current Mailing Address:

1585 SANTA BARBARA BLVD, STE B
THE VILLAGES, FL 32159

New Mailing Address:

FEI Number: 20-3729549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESAREY, LORI
1585 SANTA BARBARA BLVD STE B
THE VILLAGES, FL 32159 US

Name and Address of New Registered Agent:

MORGAN, LYNNE M
1737 PO 1737
EUSTIS, FL 32727 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: LYNNE M. MORGAN

03/09/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: ESAREY, FELIX
Address: 1585 SANTA BARBARA BLVD STE B
City-St-Zip: THE VILLAGES, FL 32159

Title: SECR
Name: ESAREY, LORI R
Address: 1585 SANTA BARBARA BLVD STE B
City-St-Zip: THE VILLAGES, FL 32159

Title: VP
Name: WU, JOHNNY L
Address: 1585 SANTA BARBARA BLVD STE B
City-St-Zip: THE VILLAGES, FL 32159

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: FELIX ESAREY

PRES

03/09/2011

Electronic Signature of Signing Officer or Director

Date