2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000016871

1. Entity Name
VC PODIATRY, PA

Principal Place of Business

1735 BRANDON TRACE AVE.
BRANDON, FL 33510

Mailing Address

1735 BRANDON TRACE AVE.
BRANDON, FL 33510

DO NOT WRITE IN THIS SPACE

01112008   No Chg-P   CR2E034 (11/05)

| 4. FEI Number | Applied For |
| 16-1749354 | Not Applicable |

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRUMP, VINCENT G DPM
1735 BRANDON TRACE AVENUE
BRANDON, FL 33510

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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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000880093
04/15/08-80047-020 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	CRUMP, VINCENT G DPM
STREET ADDRESS	1735 BRANDON TRACE AVENUE
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

ORIGINAL

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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.

SIGNATURE: _Vincent G Crump_ VINCENT G Crump Pres 2/15/08 813 416 0207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #