## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000054790

Entity Name: PODIATRY FIRST, INC.

FILED Apr 13, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
2835 WEST DELEON STREET SUITE 101 TAMPA, FL 33609						
Current Mailing Address:			New Mailing Address:			
2835 WEST DELEON STREET SUITE 101 TAMPA, FL 33609						
FEI Number:	20-4727658	FEI Number Applied For ( )	FEI Num	ber Not Appli	licable ( ) Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
PORT, MARTIN 2835 WEST DELEON STREET SUITE 101 TAMPA, FL 33609 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 Date						
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BLUSTEIN, STE	LEON STREET SUITE 101		Title: Name: Address: City-St-Zip:	DIR (X) Change ( ) Addition BLUSTEIN, STEVEN 2835 WEST DELEON STREET SUITE 101 TAMPA, FL 33609	
Title: Name: Address: City-St-Zip:	CREIGHTON, RO	LEON STREET SUITE 101		Title: Name: Address: City-St-Zip:	TREA (X) Change ( ) Addition CREIGHTON, ROBERT 2835 WEST DELEON STREET SUITE 101 TAMPA, FL 33609	
Title: Name: Address: City-St-Zip:	FLEETER, MICH	LEON STREET SUITE 101		Title: Name: Address: City-St-Zip:	DIR (X) Change ( ) Addition FLEETER, MICHAEL 2835 WEST DELEON STREET SUITE 101 TAMPA, FL 33609	
Title: Name: Address: City-St-Zip:	FRIEDMAN, KEN	LEON STREET SUITE 101		Title: Name: Address: City-St-Zip:	DIR (X) Change ( ) Addition FRIEDMAN, KENNETH 2835 WEST DELEON STREET SUITE 101 TAMPA, FL 33609	
Title: Name: Address: City-St-Zip:	PORT, MARTIN	Delete LEON STREET SUITE 101 09		Title: Name: Address: City-St-Zip:	PRES (X) Change ( ) Addition PORT, MARTIN 2835 WEST DELEON STREET SUITE 101 TAMPA, FL 33609	
Title: Name: Address: City-St-Zip:	LEBOHN, SCOT	LEON STREET SUITE 101		Title: Name: Address: City-St-Zip:	SECR (X) Change ( ) Addition LEBOHN, SCOTT 2835 WEST DELEON STREET SUITE 101 TAMPA, FL 33609	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARTIN PORT PRES 04/13/2007