

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054790

Entity Name: PODIATRY FIRST, INC.

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

2835 WEST DELEON STREET
SUITE 101
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

2835 WEST DELEON STREET
SUITE 101
TAMPA, FL 33609

New Mailing Address:

FEI Number: 20-4727658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORT, MARTIN
2835 WEST DELEON STREET
SUITE 101
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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:

Title: DIR () Delete
Name: BLUSTEIN, STEVEN
Address: 2835 WEST DELEON STREET SUITE 101
City-St-Zip: TAMPA, FL 33609

Title: TREA () Delete
Name: CREIGHTON, ROBERT
Address: 2835 WEST DELEON STREET SUITE 101
City-St-Zip: TAMPA, FL 33609

Title: SECR () Delete
Name: FLEETER, MICHAEL
Address: 2835 WEST DELEON STREET SUITE 101
City-St-Zip: TAMPA, FL 33609

Title: DIR () Delete
Name: FRIEDMAN, KENNETH
Address: 2835 WEST DELEON STREET SUITE 101
City-St-Zip: TAMPA, FL 33609

Title: PRES () Delete
Name: PORT, MARTIN
Address: 2835 WEST DELEON STREET SUITE 101
City-St-Zip: TAMPA, FL 33609

Title: DIR () Delete
Name: LEBORN, SCOTT
Address: 2835 WEST DELEON STREET SUITE 101
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

03/20/2009

Electronic Signature of Signing Officer or Director

Date