2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2011
Secretary of State

DOCUMENT# P09000063688

Entity Name: PODIATRY ASSOCIATES OF OKEECHOBEE INC

Current Principal Place of Business:

3912 SE 18TH TERRACE
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

7144 NOB HILL ROAD
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 27-0676262 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FINKE, BRIAN
7144 NOB HILL ROAD
TAMARAC, FL 33321 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

OFFICERS AND DIRECTORS:

Title: P
Name: FINKE, BRIAN
Address: 7144 NOB HILL ROAD
City-St-Zip: TAMARAC, FL 33321

Title: P
Name: FINKE, BRIAN
Address: 1508 NW 112TH WAY
City-St-Zip: CORAL SPRINGS, FL 33321

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: BRIAN D FINKE PRES 04/05/2011

Electronic Signature of Signing Officer or Director Date