

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000066854

Entity Name: FAMILY PODIATRY, P.A.

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

500 N.W. 43RD STREET  
SUITE 2  
GAINESVILLE, FL 32607 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

1 S.E. FIRST AVENUE  
GAINESVILLE, FL 32602

## **New Mailing Address:**

500 N.W. 43RD STREET  
SUITE 2  
GAINESVILLE, FL 32607 US

FEI Number: 45-2874020

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SCRUGGS & CARMICHAEL, P.A.  
1 S.E. FIRST AVENUE  
GAINESVILLE, FL 32602 US

## **Name and Address of New Registered Agent:**

KOPPEL, SCOTT CEO  
500 NW 43RD STREET  
SUITE 2  
GAINESVILLE, FL 32607 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: SCOTT KOPPEL

01/23/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: CEO  
Name: KOPPEL, SCOTT  
Address: 5211 N.W. 48TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606 US

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: SCOTT KOPPEL

CEO

01/23/2012

Electronic Signature of Signing Officer or Director

Date