



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

07-11-2007 90073 035 ***150.00

DOCUMENT # P93000026411		
1. Entity Name ST. PETERSBURG DIABETIC AND ARTHRITIC FOOT CENTER, P.A.		
Principal Place of Business 4220 CENTRAL AVE ST. PETERSBURG, FL 33711 US		Mailing Address 4220 CENTRAL AVE STE PETE, FL 33711 US
DO NOT WRITE IN THIS SPACE		
		
4. FEI Number 59-3219871		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
MOORE, DARALL J 4220 CENTRAL AVE ST. PETERSBURG, FL 33711		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, DARALL J. 4220 CENTRAL AVE ST. PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORE, REGINA J 4220 CENTRAL AVE ST. PETERSBURG, FL	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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: <u><i>Darall J. Moore</i></u> DARALL J. MOORE 6/30/07 727-321-8806 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #</small>		

St. Petersburg Diabetic & Arthritic Foot Center, PA

Dr. Darrell J. Moore, DPM

4220 Central Avenue

St. Petersburg, Florida 33711

Phone (727) 321-8806 or Fax #: (727) 321-6838

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August 16, 2007

Division of Corporations
P.O. Box 6198
Tallahassee, Florida 32314
(850) 245-6056

To Whom It May Concern:

Please waive the late filing fee of \$500.00 as I did not receive the initial notice for the corporation annual report. St Petersburg Diabetic and Arthritic foot Center wishes to retain its active status (Doc # P93000026411)

You are very busy I know but if you can help me with this matter, I shall be most grateful.

Sincerely,

Dr. Darrell J. Moore

Regina J. Moore
Dr. Darrell J. Moore, DPM

Regina J. Moore, RN, MHCA, BSN

FEI #: 59-3219871