

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000026411

FILED
Mar 30, 2011
Secretary of State

Entity Name: ST. PETERSBURG DIABETIC AND ARTHRITIC FOOT CENTER, P.A.

Current Principal Place of Business:

4220 CENTRAL AVE
ST PETERSBURG, FL 33711 US

New Principal Place of Business:

4200 CENTRAL AVENUE
ST PETERSBURG, FL 33711 US

Current Mailing Address:

4220 CENTRAL AVE
ST PETERSBURG, FL 33711 US

New Mailing Address:

4200 CENTRAL AVENUE
ST PETERSBURG, FL 33711 US

FEI Number: 59-3219871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOORE, DARALL J
4220 CENTRAL AVE
ST PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

MOORE, DARALL J
4200 CENTRAL AVENUE
ST PETERSBURG, FL 33711 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: DARALL J MOORE, DPM

03/30/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPM
Name: MOORE, DARALL J
Address: 4200 CENTRAL AVENUE
City-St-Zip: ST PETERSBURG, FL 33711 US

Title: DIR
Name: MOORE, REGINA J RN,MHCA
Address: 4200 CENTRAL AVENUE
City-St-Zip: ST PETERSBURG, FL 33711 US

Title: ASST
Name: JOHNSON, DELORIS J BIL/MGR
Address: 4200 CENTRAL AVENUE
City-St-Zip: ST PETERSBURG, FL 33711 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: REGINA J MOORE,RN,BSN,MHCA

DIR

03/30/2011

Electronic Signature of Signing Officer or Director

Date