## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000029496

FILED Apr 29, 2004 Secretary of State

Entity Name: ROCKEFELLER PODIATRY ASSOCIATES, INC. **Current Principal Place of Business: New Principal Place of Business:** 675 W INDIANTOWN RD SUITE 102 JUPITER, FL 33458 **New Mailing Address: Current Mailing Address:** PO BOX 1527 JUPITER, FL 33468 FEI Number: 65-0423273 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROCKEFELLER, JEFFREY J DPM 675 W INDIANTOWN RD SUITE 102 JUPITER, FL 33458 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition ROCKEFELLER, JEFFREY J Name: Name: 675 W. INDIANTOWN RD. Address: Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: ( ) Delete Title: VTS Title: (X) Change ( ) Addition ROCKEFELLER, LORI Name: ROCKEFELLER, LORI Name: 6260 LONG CELT PINE DR. Address: 6260 LONGLEAF PINE DR. Address: JUPITER, FL 33458 JUPITER, FL 33458 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEFFREY J. ROCKEFELLER P 04/29/2004