

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000044074

**FILED**  
**Apr 17, 2011**  
**Secretary of State**

**Entity Name:** SHOEMAKER AND ZWICK PODIATRY ASSOCIATES, P.A.

**Current Principal Place of Business:**

1321 NW 14TH ST  
SUITE 103  
MIAMI, FL 33125 US

**New Principal Place of Business:**

**Current Mailing Address:**

1321 NW 14TH ST  
SUITE 103  
MIAMI, FL 33125 US

**New Mailing Address:**

**FEI Number:** 65-0419757

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZWICK, THOMAS G.  
1321 NW 14TH ST  
SUITE 103  
MIAMI, FL 33125 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: D  
Name: SHOEMAKER, MELINDA  
Address: 1321 NW 14TH ST, SUITE 103  
City-St-Zip: MIAMI, FL 33125 US

Title: D  
Name: ZWICK, THOMAS  
Address: 1321 NW 14TH ST, SUITE 103  
City-St-Zip: MIAMI, FL 33125 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: THOMAS ZWICK, DPM

D

04/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date