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2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State
07-21-2004 90026 024 ***150.00

DOCUMENT # P93000048891

1. Entity Name
PALMETTO PODIATRY INSTITUTE, P.A.

Principal Place of Business	Mailing Address
PALMED MEDICAL PLAZA - SUITE 114 7150 WEST 20TH AVE. HIALEAH, FL 33016	PALMED MEDICAL PLAZA - SUITE 114 7150 WEST 20TH AVE. HIALEAH, FL 33016

44049177

07142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0423467
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

PODIATRY, PALMETTO
7150 W 20 AVE
SUITE 114
HIALEAH, FL 33016

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6. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCAVONE, FREDERICK J
STREET ADDRESS	1685 SEAGRAPE WAY
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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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 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 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: Frederick J Scavone 7/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 440491 77
P93000048891

Frederick J. Scavone, D.P.M.
Specializing In Diseases Of The Foot and Ankle
Board Certified Wound Care Specialists

Palmetto Podiatry Institute
Podiatry
Diabetic Foot Clinic
Surgery of the foot & Ankle

July 15, 2004

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Palmetto Podiatry Institute PA
Frederick J. Scavone
7150 West 20 Avenue, Suite 114
Hialeah, Fl 33016
FEI NUMBER: 65-0423467

To Whom It May Concern:

Please be advised this office never received the annual report. Enclosed is a check for $150.00 payable to Florida Dept. of State. Please waive any late fees. If you have any questions do not hesitate to contact my office.

Sincerely,

Frederick J. Scavone

Frederick J. Scavone D.P.M.

Pal-Med Medical Plaza
7150 W. 20th Avenue • Suite 114
Hialeah, Florida 33016
Tel (305) 823-1629 • Fax (305) 558-9469