


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000048891

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



Principal Place of Business PALMED MEDICAL PLAZA - SUITE 114 7150 WEST 20TH AVE. HIALEAH, FL 33016	Mailing Address PALMED MEDICAL PLAZA - SUITE 114 7150 WEST 20TH AVE. HIALEAH, FL 33016
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DO NOT WRITE IN THIS SPACE



02232008 No Chg-P GR2E034 (11/05)

4. FEI Number 65-0423467	Applied For Not Applicable
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5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCAVONE, FREDERICK J 1685 SEAGRAPE WAY HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/10/08-80003-017 150.00

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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: Rosemary Villan-kelly 2/22/08 305823-1629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #